

DOCUMENT RESUME

ED 339 001

CG 023 822

TITLE Schools and Drugs: A Guide to Drug and Alcohol Abuse Prevention Curricula & Programs. Revised Edition.

INSTITUTION California State Office of the Attorney General, Sacramento. Crime Prevention Center.

PUB DATE Jan 91

NOTE 151p.

PUB TYPE Guides - General (050)

EDRS PRICE MF01/PC07 Plus Postage.

DESCRIPTORS Alcohol Abuse; *Alcohol Education; Drug Abuse; *Drug Education; Elementary Secondary Education; Health Education; *Prevention; Program Effectiveness; Substance Abuse

ABSTRACT

This guide to kindergarten through 12th grade drug abuse prevention curricula and programs addresses the need for thorough training of all school personnel, including teachers, counselors, nurses, administrators, and school board members. The first chapter discusses what can realistically be expected of school-based substance abuse prevention programs. The second chapter discusses drug policies and procedures and their purposes and how to develop the policies and procedures. The third chapter defines drug prevention and intervention efforts which may be categorized as curricula, programs, or multi-element projects. Seventeen curricula, eight programs, and two multi-element projects are described. A table summarizes the characteristics of the curricula and programs. Methods of instruction included in the table are role play, audiovisual, peer/teenage models, outside resources, service projects, and cooperative or small groups. Content areas listed are drug information, decision making, refusal skills, counter advertising, self awareness, goal setting, awareness of others, assertiveness, career development, coping skills, class climate, and parent materials. The fourth chapter presents a case study of the Pajaro Valley Unified School District. The appendix includes a resource list of classroom materials, background material, and agencies and services. (ABL)

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SCHOOLS and DRUGS



A Guide To
Drug & Alcohol Abuse Prevention
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SCHOOLS and DRUGS

**A Guide To
Drug & Alcohol Abuse Prevention
Curricula & Programs**

1987, revised January 1991

Crime Prevention Center
California Attorney General's Office

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INTRODUCTION

A New Solution To An Old Problem

As many of you may know, the California Department of Education and the Attorney General's Office have been actively promoting the implementation of statewide K-12 drug abuse prevention curricula and programs in our schools.

Some may wonder why the state's chief law officer supports K-12 drug and alcohol abuse prevention education and publishes a guide to drug and alcohol abuse prevention curricula and programs. The reason is simple, drugs like "crack" cocaine are not merely supply problems that can be solved by tougher law enforcement; they are also demand problems that must be addressed through prevention and education.

The only long-term solution is to raise a generation of young people who will understand and reject the dangers of drug abuse.

And we have made some progress. Results of the 1989/1990 statewide survey of drug and alcohol use among students, directed by Dr. Rodney Skager of UCLA, show significant declines in the use of both drugs and alcohol compared to previous studies in 1985/1986 and 1987/1988.

These results are encouraging, but we must not overlook the fact that youth drug and alcohol use persists at staggering levels.

Here are some of the key findings from the 1989/1990 survey, beginning with alcohol. Experimental drinking starts early and is virtually universal by the time California students reach eleventh grade. Half of the seventh graders in this survey had already tried alcohol. And among the eleventh graders, a full 81 percent—4 out of every 5 students—had experimented with drinking.

For most students, the use of alcohol goes well beyond an experimental drink or two—over 55 percent of eleventh graders have been intoxicated.

Turning to the use of illegal drugs, it is a sad and sobering reality that trying drugs is still quite common. By the middle of the eleventh grade—with fully a year and one-half of high school still ahead of them—35 percent of California students have tried illegal drugs. Fortunately, the average frequency of marijuana, cocaine, and amphetamine use has dropped significantly among these same eleventh graders. However, from our survey, we estimate that among 7th and 9th graders the levels of multiple substance (poly drug) use and use of "crack" cocaine have not declined since the 1987/1988 survey.

Given these findings, perhaps it is easier to understand why the law enforcement community has no illusions that they can solve the drug problem alone. They know the only hope is to influence and enable California's young people to live drug-free lives.

When we talk about raising a generation of young people who can resist peer pressure and say "no" to drugs, we must consider the public schools. Certainly, there are other things that can and should be done toward that end. But when all is said and done, to have a major impact on millions of children, the schools must be involved.

That is not a new reality. It is a very old one. California has had mandatory drug and alcohol abuse education in one form or another since 1887. So we are not talking about a new mandate. What we are talking about is a new approach to an old problem.

A comprehensive K-12 curriculum was the centerpiece recommendation on education by the Attorney General's Commission on the Prevention of Drug and Alcohol Abuse in 1986. However, the Commissioners recognized that no such curriculum can be effective by itself. It must be delivered

within a context of strong support from the school, from parents, from law enforcement, from the larger community, from the media, from every source, to make it effective.

The Commission report calls for more parental involvement in anti-drug activities and for school and community support of youth-initiated prevention activities. It looks toward development of a strong system of peer support for youngsters who are making a choice not to use drugs and alcohol. And it envisions student assistance programs to help identify and work with high-risk youngsters.

The report addresses the roles of school districts and personnel, demanding long-term commitment as the only way to fight a long-term problem. It charges school districts to develop detailed plans for prevention and to take seriously the search for funds to make those plans reality. It recommends clearly defined and communicated laws, policies, procedures and sanctions related to alcohol and drug use on campus. And it supports incentives for faculty and other personnel to participate in extra-curricular activities and other efforts to establish a drug-free environment.

The report addresses the need for thorough training of all school personnel—not just teachers, although the need is especially great there—but counselors, nurses, administrators and school board members. Toward that end, the Crime Prevention Center produced a film titled "Drugs and Youth. . .The Challenge," and an information guide which are designed specifically for parents and educators.

And the Commission Report stresses time and again the need for cooperative efforts so that the schools are not left to fight this overwhelming problem alone. Partnerships between the schools and law enforcement are especially important here—an approach the California Department of Education and Attorney General's Office have been promoting since 1983 with the School/Law Enforcement Partnership Program.

Partnerships and linkages that bring school prevention programs within a community framework must also be developed. So the Commission strongly recommends the establishment of local drug abuse prevention councils. In 1988 and 1989 the Crime Prevention Center sponsored a series of "Challenge" Community Action Seminars throughout the state to encourage the development of such councils. The program has continued in 1990 with two new series of community action seminars: the Challenge Neighborhoods-In-Action parent outreach and education seminars and the Challenge Drug Free Zones seminars.

The Commission heard a lot about what doesn't work: one-shot programs don't work. Information-only approaches that are value neutral don't work. Shock approaches—the old scare tactics—don't work. How-to approaches that show how various drugs are used don't work.

The Commission heard much less about what does work, but the essential ingredient seems to be the comprehensive approach of a K-12 curriculum. Such a curriculum must emphasize development of a strong level of self-esteem. It must emphasize effective decision-making skills. It must be age-appropriate. It must give special weight to teaching social skills and refusal skills in difficult situations. And it must be supported by parental and youth involvement at every level, with peer support being especially important. It must also have a serious evaluation component.

These are the reasons why the Attorney General's Office supports K-12 drug abuse prevention education and publishes this guide to drug and alcohol abuse prevention curricula and programs. Our purpose is to help educators and other interested individuals select and implement effective drug and alcohol abuse prevention curricula and programs in their efforts to establish drug-free school environments. Together, we can encourage our youth to choose a drug free lifestyle.

CHAPTER 1

Knowing What To Do—And Not To Do—Reinvigorates Drug Education*

By **Bonnie Benard, Barbara Fafoglia and Jan Perone.**

The hopeful future of drug and alcohol prevention contrasts sharply with former unrequited drug education programs and the dispiriting accounts of youthful drug use portrayed in the popular press.

Recent analyses have pinpointed why past school-based drug and alcohol education has proven ineffectual and recommended a reconceptualized approach. Research is also beginning to document positive outcomes for a relatively recent prevention model. On the basis of these two trends alone, educators have just cause to feel excited about what schools can do to prevent substance abuse.

It is fair to say that educators have had more experience than success with substance prevention programs. Alcohol education meant to curtail adolescent drinking has been mandated by law in most states over the past 80 years.¹ When the drug culture youth of the 1960s tuned in, turned on, and dropped out, schools stepped up their involvement in drug education.

The strategy in the late 1960s and early '70s was usually an information-only approach. Several researchers found that these programs—which often used scare tactics in hour-long, hit-and-run lectures—actually increased alcohol and drug use.

As a result, the pendulum swung in the mid-1970s from the drug to the person who might take the drug. Programs focused on affective strategies like self-esteem enhancement, values clarification, and such life skills as coping, communication, problem solving and decision making. Alcohol and drug

* This chapter is a reprint, with permission, of the article "Knowing What to Do—and Not to Do—Reinvigorates Drug Education" which appeared in the February 1987 issue of **ASCD Curriculum Update** published by the Association for Supervision and Curriculum Development (ASCD), Alexandria, Virginia.

information was often entirely omitted. Research studies soon began to indicate that these affective approaches also failed to lower substance abuse rates.

Consequently, in the late 70s, more sophisticated curriculums included both cognitive and affective components. [Editor's Note: See Appendix B—"Cognitive and Social Development: Program Implications."] The promise of this third generation of prevention programs may have been obscured by a faltering start. Longitudinal data have not yet been compiled, but preliminary evaluations have not shown significantly lower levels of substance use.² Because of these discouraging outcomes, many people now question whether alcohol and drug education even has the potential to change behavior.

Recent critical analyses of programs, however, have revealed flaws that can be corrected. Furthermore, a new social psychological model, guiding what might be thought of as a second cohort in the third generation of prevention programs, at last appears to be producing good results.

What can we realistically expect of school-based substance abuse prevention programs? To answer this, we look first at the problems with past programs, next at the reasons for schools to keep pursuing effective prevention strategies, then at two sets of specific and feasible activities schools can carry out, and finally at reasonable expectations for these efforts.

WHAT'S WRONG WITH SCHOOL-BASED PREVENTION

In recent drug education literature (by Thompson and others, Kellam and others, Barnes, Weisheit, and Goodstadt), a general consensus shows that five overlapping defects have diminished the effectiveness of school-based substance abuse prevention:

Designers have set unrealistic goals for programs and have not challenged unrealistic expectation from society.

Programs have established indicators of success that are so ambitious that the probability of achieving them is minute. Thompson and her colleagues elaborate:

Prevention is unrealistic as a purpose of alcohol education if it is meant to imply eradication. Prevention of all alcohol problems and all risk for them could be accomplished only through complete elimination of alcohol from society.³

Not only do drug educators ask too much of themselves, society has put a disproportionate faith in the impact of schools working alone. Thompson declared flatly:

Alcohol education is attributed a larger role than it can logically carry. Choices people make are influenced by a myriad of factors over which the school system has limited or no control—family, religion, emotional health, societal customs, media, laws, etc.⁴

Goodstadt and Barnes agreed, faulting the objectives of drug education for ignoring the strong influence of other "socialization agents."⁵

School-based programs have operated without a sound theory base.

The unrealistic expectations for schools stem, in part, from failure to base programs on a theoretical perspective that is firmly grounded in the behavioral and social sciences. For example, socialization theory reasons that substance use among youth is "learned, social behavior that is part of the adolescent socialization process anticipatory of the transition from childhood to adult status."⁶

Prevention programs based on this theoretical perspective would recognize that drinking among adults in America is normative social behavior.⁷ Thus, schools' substance abuse prevention efforts should create more modest and realistic goals for schools and work more with other significant social systems—the family, peer group, and mass media.

Past programs have not been guided by prevention principles.

The discipline of prevention has evolved from a narrow conception that tries to stop or reduce the likelihood of an event (like substance abuse). The newer, broader base interprets prevention as a complex set of activities that develop people's personal and social competencies and that modify social systems so as to better meet people's needs.

This expanded view assumes (with support from a growing body of research) that enriched personal and social development helps to immunize people from developing inter- and intrapersonal problems, which then lead to negative social consequences, including substance abuse, child abuse, delinquency, and teen pregnancy.

Basic prevention strategies do not stop after providing accurate information. They go on to build life skills (such as problem solving, decision making, and communication), promote healthy alternatives, influence social policies and cultural norms, and involve and train people who can have an impact on problems.

Previous prevention efforts have lacked intensity because they have been too limited in time and scope.

Ralph Weisheit points out how unrealistic it is to expect a few hours of classroom instruction to supersede "a lifetime of learning about alcohol from peers, parents, and the larger community."⁸

While a recent evaluation of the popular CASPAR curriculum (third generation of programs, first cohort) found no evidence of an effect on drinking behavior, Lena DiCicco and colleagues noted that "where alcohol education was implemented most intensively and continuously at the junior high school level, misuse did not rise as sharply as it did among the comparison children."⁹ She concludes that "changing youthful drinking is tantamount to changing a culture . . . We hope that continuing intensive efforts over a long period will produce more rapid social change."¹⁰ Goodstadt's evaluation of drug education programs, similarly, recommended that "the intensity of drug education be significantly increased."¹¹

Social learning theory also points to the need to broaden the scope of prevention efforts. The principles of social learning stipulate that the more comprehensive the prevention—that is, the more social systems involved—the greater the likelihood of positive behavior acquisition and reinforcement. An ideal prevention program would not only employ all five prevention strategies but do so in a systems context that ties school programs in with other social systems.

School-based prevention has stopped short of adequate implementation.

Usually, evaluations concluded, this fault line runs primarily over insufficient teacher training.

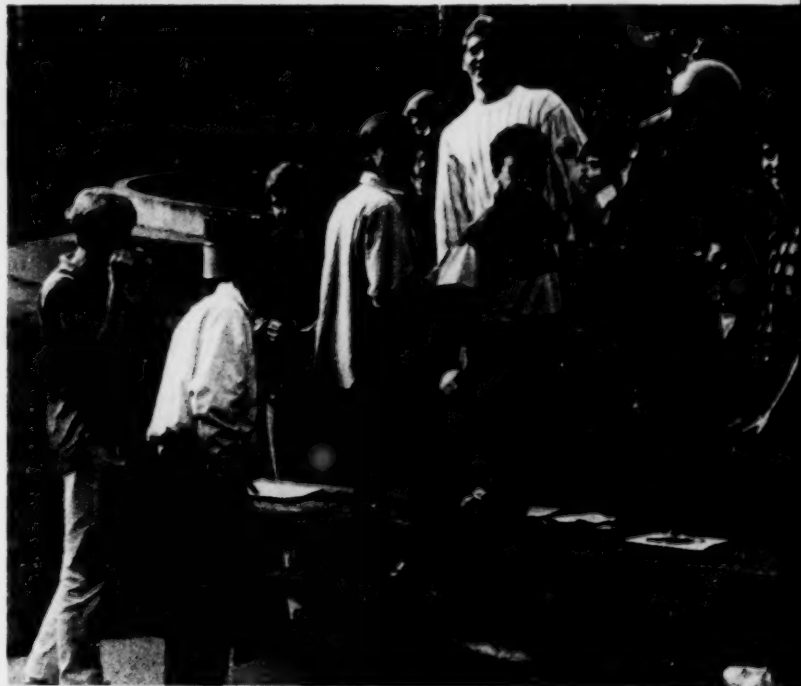
**WHAT'S POSSIBLE
WITH SCHOOL-BASED
PREVENTION**

Schools are assuming an increasingly central place in the lives of youth. As Kenneth Polk has observed, not only do youths spend most of their time there, but "school status and success [determine] life chances of students in many social and economic dimensions, in both the present and future."¹² In his opinion, "fundamental economic and social changes in recent decades have changed the meaning of youth, especially in terms of the emergent centrality of the school, making it the dominant social setting in the life of the adolescent."¹³

Whether school life should hold such sway is immaterial, because whether it should or shouldn't, the fact remains that it does. The pivotal role schools play, however, confers on this particular social institution important advantages for prevention programming. Weisheit itemizes them:

- access to youth on a large scale,
- economic feasibility,
- opportunity for longitudinal interventions,
- experienced teachers already in place, exploratory research (a need repeatedly expressed by prevention researchers), and
- a sense of public legitimacy.¹⁴

Schools are thus uniquely poised to affect the irresponsible use of drugs and alcohol. We now know much more clearly what schools can do.



Schools can cooperate in a comprehensive prevention effort that involves families, community groups, and the media.

The most engaging efforts of schools cannot overcome a cultural contest that not only reflects ambivalence about alcohol and drug use, but that actually promotes use, especially by young adults. Schools alone cannot reverse mass media and governmental policies, for example, that facilitate alcohol advertising on television.

School programs cannot deny the direct subsidies with which government actively supports the production of tobacco, our most dangerous drug in terms of lost lives, diminished health, and costs to society.

Community prevention efforts must focus on formal changes in public policies at local, state and national levels. Policies that encourage the use of alcohol and drugs must be rescinded, and policies that provide opportunities for meaningful education and employment need to be created.

Prevention must also aim to affect informal social policy changes. Community and cultural norms can be altered by public awareness campaigns that include a strong media component and extend beyond schools to families and community institutions.

The effectiveness of such an approach is evident in the positive outcomes of various community heart disease prevention programs (and their derivative anti-smoking campaigns), which have shown significant reductions in the onset of negative health behaviors, the incidence of the behaviors, and the frequency of related morbidity and mortality. These programs were both comprehensive and intense; they all included a family involvement component, taught specific prevention skills and knowledge, employed multiple prevention strategies, and continued for three to seven years.

Schools can include substance abuse prevention as part of a comprehensive integrated K-12 health education program.

The reason substance abuse belongs within the general health education program is that substance abuse behavior is ordinarily intertwined with other problem behaviors. School failure, dropping out, teen pregnancy, delinquency, and substance abuse are inclined to share a common etiology. According to Richard and Shirley Jessor, for both males and females, the association among these health compromising behaviors is "one of the clearest facts to have emerged from the past decade of prevention research."¹⁵

Schools can focus specifically on knowledge, attitudes, and behaviors that influence use of alcohol and drugs.

While substance abuse prevention should proceed within the context of health education, a specific focus on alcohol and drugs is indicated. If we expect to deflect actual substance abuse behavior, programs must begin building specific knowledge, positive attitudes, and useful skills about alcohol and drugs beginning by fourth grade.

Pertinent knowledge lies at the core of alcohol and drug prevention. It includes information about physiology, high-risk populations (especially genetic predisposition), high-risk situations (driving, pregnancy, stress, medication, and so on), actual prevalence, psychosocial correlates (like family influences, peer pressure, school failure, and stress), role of the media and cultural norms. Perhaps the most important information to convey, though, is knowledge that enables young people to estimate their personal risk for developing substance abuse problems.

We have learned the hard way that reliable information is necessary but not sufficient to affect actual substance use. Past programs have often assumed a causal relationship between knowledge and changes in attitudes and behaviors. This presumption has not been borne out, either by research or casual observation. Almost everyone, for example, accepts the evidence that ties smoking to nearly every health hazard from irritation to sudden death, yet many people continue to smoke.

Thus, Merita Thompson and coauthors concluded:

To produce any persisting societal or personal effect requires both attitude change and action change. If a change produced is to be meaningful and stable, alcohol education must address knowledge, attitudes, and behaviors as a focused set—not independently.¹⁶

In the view of some analysts, past prevention efforts have erred in a second way that affects attitudes. Programs have supported the notion that people drink only because of personal weakness, emotional problems, or stress and have glossed over the reality that people often drink excessively in pursuit of pleasure or for social reasons. Thus, alcohol education especially has failed to confront such common high-risk attitudes as "Drinking is a good way to have fun" and "Getting drunk for kicks is part of growing-up."

Part of Thompson's risk reduction model counters such expressions head-on with "Anyone could experience alcohol problems, and if I drink too much, I could, too" and "Whether or not I experience an alcohol problem is determined by if, how much, how often, and under what circumstances I choose to drink."¹⁷

Schools can develop programs based on a promising new approach, the social psychological model.

With social psychological prevention programs that strengthen resistance to peer pressure, several research groups have produced a 50 to 75 percent reduction in the onset of smoking among adolescents. The same principles, researchers are finding, appear to work for delaying alcohol and marijuana use.

Johnson describes the common features of the social psychological tobacco prevention programs:

- a focus on short-term, primarily social consequences that are important to the target audience,
- audience sensitization to overt and covert pressures to smoke,

- attitudinal inoculation to those pressures,
- high levels of audience participation (including a Socratic approach to cognitive learning), and
- role-playing and other classroom exercises to practice behavior.¹⁸

An interesting and potentially critical factor in these programs is the importance of peer leaders. So far, long-term results have been documented only in those programs that trained either older "ideal" peer leaders or same-age "actual" peer leaders to assist in program implementation.

When Johnson and his colleagues at the University of Southern California's Health Behavior Research Institute extended this peer pressure resistance model to alcohol and marijuana use, they found significant reductions in the use of all three substances. They explain why they think that happened:

1. Research has found the same psychosocial correlates for tobacco, alcohol and marijuana.¹⁹
2. Research has also shown that the use of one of these substances predicts the use of the other two.²⁰
3. The social resistance skills effective in avoiding cigarette smoking are applicable to alcohol and marijuana use.²¹

The institute's model is now being field-tested in sixth and seventh grades. Those age groups were selected because Johnson's research found that exposure before sixth grade was rare, but use of all three substances escalated rapidly during sixth and seventh grades.

Gilbert Botvin's Life Skills Training Program, developed at Cornell University, is another promising application of the social psychological model. It attempts to counter not only social pressure but life problems as well. While Botvin agrees with Johnson that peer pressure is a strong influence on use of substances, he contends that "adolescent substance use/abuse is the result of the complex interplay of a diversity of factors." Drug use, he reasons, may not stem solely from peer pressure; it may serve a functional need such as a way of coping with social or academic anxiety. Still another variable, he wrote, is the person:

Differential susceptibility to social influence (via media, parents, peers) appears to be mediated by personality, with individuals who have low self-esteem, low autonomy, low self-confidence, and an external locus of control being more likely to succumb to these influences.²²

Because Botvin sees a more complex set of causes for substance abuse, his program is more comprehensive than Johnson's. To specific tobacco, alcohol, and marijuana resistance skills training, the program adds development of general personal and social competence skills. He reports good results:

In all of the studies conducted to date, this type of prevention program has produced significant changes on selected cognitive, attitudinal, and personality variables in a direction consistent with nonsubstance use.²³

Schools can develop students' life skills.

Many researchers have concluded that programs must not only attend to specific alcohol and drug situations, but must build life skills in general. Such skills include:

- **Communication.** Sometimes called social skills or social competence, communication skills refer in a broad sense to how effectively a person can cope with interpersonal relationships. Programs to develop this capacity typically cover verbal and nonverbal communication, guidelines for avoiding misunderstandings with others, and heterosocial (boy-girl relationship) skills.

Mary Ann Pentz's review of 117 social skills training studies found that over 93 percent of them reported total effectiveness—especially when they were conducted in school or community settings with normal (nontreatment) student populations.²⁴

- **General assertiveness.** In the last decade, assertiveness training has been recognized in many prevention and intervention programs as an essential communication skill for building self-efficacy. The short-term outcomes of evaluated programs have been positive; long-term outcomes have been mixed. Botvin's successful Life Skills Training Program combines general assertiveness training with a specific focus on tobacco, alcohol, and drug assertiveness skills.
- **Resistance skills.** Teaching specific tobacco assertiveness (for example: "Just Say No!") has been a critical component in the successful social psychological smoking prevention model that is now being applied to alcohol and drugs. Such strategies are based on social inoculation, cognitive rehearsal (role playing), and a public commitment (behavioral contract to refrain from alcohol or drug use).

Two cautionary points ought to be raised about teaching resistance skills. Such training usually urges a "No-Never" response, which, as O'Bryan points out, does not prepare students for maturity. Students will reach the age of 21, after all, and by then other refusal responses like "No more" or "No, not today" may become appropriate.²⁵

Often overlooked also is the possibility that many children may not want to refuse, and why they don't is still a mystery.

According to Botvin:

While high correlations have been found consistently between individuals' substance use and that of their friends, it is unclear to what extent these associations are the result of peer pressure rather than a process of mutual self-selection.²⁶

- **Peer selection.** Because of Botvin's rationale, some recent research has identified peer selection as a skill that may be even more valuable than refusal (resistance skills).

- **Problem solving and decision making.** A substantial body of longitudinal research implies that explicit early instruction in social problem solving averts subsequent problem behaviors. Kellam's Woodlawn study, for instance, found that antisocial first graders were significantly more likely to be involved in substance abuse and delinquency ten years later. Rutter's research on five-year-old girls institutionalized because of severe abuse or neglect found that the ones who were able to plan and solve problems overcame their early trauma and were leading productive lives 14 years later. One commentator identified problem-solving/planning skills as the critical component of the successful Perry Preschool Project curriculum. Similarly, George Spivack and Myrna Shure's research on Interpersonal Cognitive Problem Solving (ICPS) documented significantly fewer behavioral and academic problems among

children in kindergarten through second grade if they had experienced ICPS as preschoolers.

The hypothesized process is that problem-solving skills contribute to the development of an internal locus of control. That in turn builds a sense of self-efficacy and self-esteem, which ultimately strengthens resistance to substance abuse, among other problem behaviors.

- **Critical thinking.** Critical thinking, defined as problem solving applied to specific subject matter, forms a bridge over the chasm that divides the affective and cognitive domains of learning. A goal of critical thinking development justifies the school in going beyond the confines of a back-to-basics-only approach.

- **Making low-risk choices.** Two lifestyle risk reduction programs developed by the Kentucky Prevention

Research Institute received positive preliminary evaluations. Talking to Your Kids About Alcohol and Talking to Your Students About Alcohol delineate five skills that are necessary to make a low-risk choice about alcohol. An individual should:

1. understand that the primary determinant of alcohol problems is Alcohol/Quantity/Frequency (A/Q/F),
2. have skills needed to estimate one's personal risk of developing alcohol-related problems and to identify specific low-risk choices,
3. have skills to identify and evaluate one's own attitudes, values and expectations that support low-risk choices,



4. have skills to identify and evaluate the beliefs, values, and customs of family, associates, and culture that support both low-or high-risk choices, and
 5. have skills needed to adopt and maintain low-risk choices.
- **Self-improvement.** Part of Botvin's Life Skills Training Program is experience in designing and implementing a self-improvement project. Students identify a skill or behavior that they would like to change. They set long-term goals (eight weeks away) and short-term objectives (one per week) to meet that goal. This process is thought to foster self-efficacy and an internal locus of control.
 - **Stress reduction skills.** A growing body of research has found stress to be a significant contributor to adolescent substance abuse,²⁷ and the problem seems to be intensifying—Director Lloyd Johnston found in the National Institute of Drug Abuse's annual high school survey that the number of high school seniors who reported drinking "to get away from my problems" rose by half between 1975 and 1984, leaping from 12 to 18 percent. Those who said they drank to "deal with anger and frustration" rose from 11 to 16 percent Johnston warned, "The kids in danger of getting into a chronic state of alcoholism are the ones using alcohol to help them cope in their day-to-day lives."²⁸
 - **Consumer awareness.** Being able to analyze and evaluate media messages, especially advertising, is increasingly regarded as an important element of prevention programming. Youth need to know the techniques of attitude manipulation if they are to resist the powerful bombardment of pro-use messages. Building life skills makes strong demands for good instruction. Numerous experiential activities (such as role playing and values identification, problem solving, and goal setting) should include both a general and a specific alcohol/drug focus. Dynamic activities and support materials should be directly relevant to issues and people of interest to youth. Instruction should accommodate different learning styles (visual, auditory, and kinesthetic) and relate to the ethnic composition of the school. One addition that is not common to ordinary instruction, though, is the necessity of parent involvement.

SPECIFICS SCHOOLS CAN ACCOMPLISH NOW: GROUP I

One set of activities for schools concerns efforts that take place within school systems. A second set relates school systems to other social systems. In the first group:

School programs can combine prevention efforts directed at tobacco, alcohol, and marijuana.

The data from the smoking prevention programs support a three-pronged focus on all of the so-called gateway drugs: tobacco, alcohol, and marijuana. All three tridents are thought to precede the use of hard drugs, such as cocaine.²⁹ Though data have shown some spontaneous spill-over effects from smoking prevention to alcohol and marijuana use, it is doubtful that the benefits are strong enough to be

sustained without further attention. A substance abuse curriculum should therefore focus on knowledge, attitudes and skills specific to each of these substances.

School programs can create a hospitable climate for psychological health.

This principle fans out into several initiatives:

- **Promote students' self-esteem.** Andre Olton, among others, has stressed the importance of a humane school climate in the battle against substance abuse. He wrote, "Students may be more receptive to efforts at substance abuse prevention if these efforts originate in an organization which they believe respects, appreciates, and cares about them."³⁰

A large segment of research has centered on identifying positive family and school environments. A review of both loci favors environments that provide all children with opportunities to participate and expectations that they will shoulder some responsibilities. Michael Rutter's research on schools, for example, identified these two variables as crucial in preventing school failure and delinquency. School effectiveness research and studies on the Pygmalion effect (the self-fulfilling prophecy) also support these dual goals.

Another crucial component in nurturing self-esteem is the attitude of teachers toward students. While some researchers (Johnson) have found only prevention programs that use peer leaders to be effective, others (Thompson, Botvin, and Kellam) have found programs effective if the teachers viewed students as worthwhile. If lack of self-esteem is a strong correlate of substance abuse—and many researchers have found that it is—school activities need to seize every opportunity to build and reinforce students' sense of self-worth. Failure to do this, according to Yale child psychiatrist James Comer, results in the following sequence:

When a school staff (especially in the elementary grades) fails to permit positive attachment and identification, attachment and identification take place in a negative way. The school becomes the target of a child's angry feeling with resultant rebellion, ambivalence, and apathy. The school is then unable to interrupt troublesome development or compensate for underdevelopment. The performance of such children falls farther behind their potential as they progress through school, and the skills needed for future school success are not gained.³¹

- **Promote academic success.** Academic success is an integral component of self-esteem. Sheppard Kellam conducted the first major long-term study of first-grade behavior and development and later psychological and social-adaptational adjustment in the teenage years. He found that first-graders who failed to learn, who rebelled against the rules and authority of the school, and who were socially isolated in the classroom were, ten years later, the youth involved in substance abuse, delinquency, dropping out, and other problem behaviors.

In *Prevention Research on Early Risk Behaviors*, a paper prepared for an international conference on environment, mental health, and early brain development, Kellam explained what is and is not clear about the relationship of learning problems and substance abuse:

First grade problems in learning are a strong and specific predictor of teenage depressive and other [psychiatric] symptoms among males and to a lesser extent among females.

First-grade aggressiveness without shyness in males (not females) is a strong predictor of increased teenage delinquency (and drug, alcohol, and cigarette use) . . . A combination of shyness and aggressiveness in first-grade males (not females) was associated with higher levels of delinquency and substance use than aggressiveness alone.³²

Hence, early learning problems predispose children to later psychiatric distress, while aggression, particularly with shyness, is linked to later substance abuse. What is still not clear, Kellam continued is "whether shy and/or aggressive behavior stems from the experience of failure or is a predisposition of the child . . . regardless of academic success or failure."³³ In cooperation with 19 Baltimore City schools, Kellam and his associates are now in the second year of a ten-year longitudinal study of this relationship. The project is tracking the effects of improving mastery of core skills, especially reading, and reducing shy and aggressive behavior. The effort trains teachers to provide, first, a mastery learning program in reading, writing, and arithmetic; it emphasizes group and individual instruction, defines clear goals for students, and gives them the time and assistance to reach those goals. A second part of the project integrates classroom management strategies that reward social participation and obedience to classroom rules.

Until we understand how learning problems contribute to the early shy and aggressive behavior that predicts later drug abuse, it makes sense to hypothesize a causative relationship and concentrate on ensuring early academic success. As Kellam reasons:

Every child has to feel some sense of integrity as a person, and [they] either do that by learning to read and succeeding in the mainstream or by



getting a sense of who [they] are in another way—either through withdrawing, or through aggression and antisocial behavior, or through psychiatric distress and mental disorder.³⁴

- ***Provide the opportunity for critical thinking and problem solving.*** A positive school and classroom climate that encourages discussion of social values, ethics, and moral dilemmas—and thus engages critical thinking and problem solving—also facilitates prevention programming. Many educators caution that the current push for a basics-only curriculum, which emphasizes rote and solitary learning, discourages such discussion. As Francis Robert commented in *Parents*:

It is essential that children talk together about new learning, responding in their own words, not simply listening to teacher abstractions and then being assigned workbook pages with short, blank spaces to fill in . . . The teachers [must capture] every opportunity to foster intellectual mastery and to promote cognitive power by creating a pervasive climate of why and wherefore and wherefrom kind of thinking.³⁵

- ***Extend problem solving and planning into expanded preschool services.***

Two years ago, the results of a 15-year early childhood intervention study added persuasive, dollars-and-cents reasons for schools to expand their services to three- and four-year olds. The results from the Perry Preschool Project of the High/Scope Educational Research Foundation in Ypsilanti, Michigan, provided solid evidence that early preventive interventions can significantly alter subsequent child development.

The Perry study shows that, by age 19, young people who had attended a preschool program at age 4 had fewer negative and more positive characteristics. They were significantly less likely to have learning problems, or histories of dropping out of school, delinquency, and teen pregnancy. They were more likely to be employed and had almost twice the post-high school education incidence as did the comparison group.

The children in the Perry Preschool Project all came from a low socio-economic, black, urban environment; half of them lived in single-parent families. At either age three or four, they attended preschool for 2.5 hours each morning. The intent of the program was the development of cognition, language, information and experience, and social and behavioral skills necessary for school adjustment. Along with active learning, problem solving, and planning, the program emphasized a high degree of interaction among adults and children, among the children themselves, and among parents and teachers. A *Wall Street Journal* review described Perry Preschool business as usual:

The program involved no set curriculum and could be duplicated with \$100 or so of materials. At the beginning of each day the children were asked to plan their "work" for the morning. Rather than telling the children what to do, the teachers would ask each child to make an estimate of what he/she could accomplish that day and to take responsibility for carrying out whatever

he/she decided. Gradually, the children came to see themselves as planners—as people who had some power over their lives, not as passive victims.³⁶

These data have major implications for substance abuse prevention. The results of a 1986 High/Scope curriculum comparison study included drug use as a variable. It found that children who had experienced one year of preschool at age 4 were half as involved in drug use and delinquency at age 15, if and only if the program encouraged the active involvement of students in planning their activities. The teacher-controlled preschool program had no such outcomes.

- **Train teachers thoroughly.** Special attention to teacher preparation is vital to correct the omissions that have substantially weakened previous prevention. As Peter Finn notes, "Because alcohol education deals with strongly held values and feelings, and because its ultimate goal is to fashion or change attitudes and behavior, instructors need special skills to be able to teach effectively in this field."³⁷
- **Create positive alternatives.** Another prevention step schools can take is to develop alternative activities that bring all youth into contact with positive peer role models and caring adults from the community. Traditional school-sponsored activities like clubs, athletics, and student government most often serve academically and socially successful youth, thus reinforcing support and school involvement where it already exists in the greatest degree.

Nonparticipants, Polk wrote, neither have nor get: "Isolated from both successful peers and legitimate adults, marginal young persons have few choices to run to for social contact, support, and fun other than their marginal peers."³⁸ The absence of social alternatives becomes especially serious when considered alongside research findings that identify substance use of close peers as the most powerful factor influencing youthful use of tobacco, alcohol and marijuana.

Not only, as Johnson found, are peer leaders more effective at dissuading others from using alcohol, tobacco, and marijuana, but the needs for youth involvement and positive role models are served by positive peer programs. Such programs as peer counseling, peer and cross-age tutoring, and peer teaching of alcohol and drug information encourage sound self-esteem, mature problem solving, and effective decision-making skills in young leaders. Ardyth Norem-Hebeisen and coauthors add that peer involvement also provides "participating youth with meaningful roles and real-world responsibilities at a time when youth are increasingly isolated from such roles and responsibilities in the prolonged adolescence characteristics of our culture."³⁹

We ought not undervalue the importance of such connectedness in countering alienation and the problem behaviors that grow in its valueless void. If we do, Saul Levine comments on the penalty:

Unless a social system—be it a family, group (school), neighborhood, or society—can instill in its youth some degree of purpose and community, a

substantial proportion of the adolescents, particularly those with low self-esteem and increased vulnerability, inevitably will become society's problems.⁴⁰

SPECIFICS SCHOOLS CAN ACCOMPLISH NOW: GROUP II

School programs cannot succeed if they operate out of sync or at cross purposes with all other influences in the lives of youth. A second set of school activities, therefore, relates schools to other social systems:

Schools can establish clear, firm policies.

We are beginning to see indications of "significantly fewer infractions" in schools that have set policies prohibiting the use, possession, or sale of illegal substances; that have communicated those policies to students, parents, faculty, and staff; and that have equitably and consistently enforced those policies.

Schools can collaborate with students, teachers, media, community, and especially with parents.

The importance of collaboration in setting policy and in the planning, implementation, and activities of a comprehensive health education curriculum can hardly be overemphasized. The involvement of all key players not only breaks down the isolation of a lone, school-based program; it also creates a broad sense of ownership and commitment that makes reinforcement of prevention messages more likely outside the classroom.

Parents should not only be involved in substance abuse policy and curriculum development, but should be encouraged to collaborate with teachers, take part in parent education and support programs, and volunteer as aides or resources. Comer believes the estrangement of parents from schools has been particularly serious for children in families under stress, but he also sees this bad situation as revisable. "Parent presence in responsible and respected roles in the school," he said, "sends a message to the children: The school people and program are important."⁴¹

Comer's Yale Child Study Center model for school improvement has focused on developing parental involvement as a strategy for reducing the "negative impact of change, social stratification, conflict and distrust between home and school."⁴² Similarly, the "school-team" approach advocated by the U.S. Department of Education's Alcohol and Drug Abuse Education Program includes parents, teachers, administrators, students, and school board members in substance abuse prevention programming.

Schools can collaborate with research and evaluation efforts.

For too long, substance abuse research has been the domain of health professionals, and prevention programs the territory of the schools. Effective future programming will require closer cooperation between these two systems.

We have discussed the positive outcomes that researchers like Johnson, Botvin, Weikart (of High/Scope), and Kellam have achieved and the useful, transferable principles their efforts suggest to program planners. The critical issue now is how best to replicate these programs in field settings with diverse populations.

Appropriate programs will require the kind of active collaboration between researchers and schools we now see with Johnson's group in Los Angeles and Kellam's in Baltimore.

The challenge for researchers is to codify their findings in accessible forms. As one researcher warned, "If prevention research is to have a significant impact . . . researchers must soon face the challenge of packaging effective interventions in feasible forms that can be easily and correctly administered in diverse locales by people with different educational backgrounds and a variety of training experiences."⁴³ The challenge for schools is the need to make long-term commitments to collaboration and the discovery of what-works principles.

EXPECTING THE POSSIBLE

Despite past disappointments with isolated, fragmented programs that expected too much, the behavior changes that some social psychological programs have documented suggest that delayed onset and reduced incidence of substance use may actually be valid program goals.

Because of the many mediating variables in changing substance use behavior, however, several researchers urge restraint in developing program goals. Ends, they think, should be sufficiently concrete and specific as to be measurable and realistic and attainable enough to produce some immediate gains. Goodstadt elaborates:

A more balanced view of the potential impact of drug education would reduce expectations to fit the realities of competing forces and the importance of time and normal development. Programs would not be expected to produce immediate large shifts in behavior; at best they would result in statistically significant changes in indicators of future behavior; including measures of current attitudes, expectations, and behavioral tendencies.⁴⁴ [Editor's Note: For a discussion of indicators of future behavior, see Appendix—A "Risk Factors for Adolescent Substance Abuse."]

Thompson and associates refer to Goodstadt's "more balanced view" as "lifestyle risk education."

In a democratic society of which alcohol is a part, the only realistic practical hope is that people will make choices about alcohol consumption that reduce their risk of alcohol-related problems. Alcohol education efforts should be focused on enabling people to adopt and maintain low-risk choices.⁴⁵

Weisheit recommends acknowledgment of alternative views of success, too, reasoning that prevention programs have beneficial effects other than changes in student knowledge, attitudes and skills. "A number of valid definitions of success

exist, and a thorough evaluation cannot afford to focus on only one,"⁴⁶ he emphasizes, citing the worth of process objectives like increased parent and community involvement in the schools and increased intensity of student-teacher interaction.

NO SILVER BULLET

What we now know about substance use and abuse gives us no "silver bullet" or "quick fix" to guide schools in prevention efforts. On the contrary, we can see that the job requires schools to make a commitment to long-term, comprehensive prevention efforts and to active collaboration with other involved systems.

The need for schools to make these twin commitments is apparent and increasingly compelling. In the past two years, numerous reports from the fields of education, business, mental health, and social services have documented that, in Mark Testa's words, "the collective condition of all sectors of children and youth in our society has worsened."⁴⁷

A basic problem reiterated in these reports is a rapidly increasing population of youth primed for educational failure, and as a consequence, set up for adult unemployability and social incompetence. In 1985, Henry Levin, for instance, counted 30 percent of school-age children in the U.S. as living in environments characterized by poverty, ethnicity, and parents who are often single, illiterate, and unemployed.⁴⁸

Clearly, the number of children at risk for living and perpetuating a vicious cycle of deprivation and stress associated with social ills like child abuse, domestic violence, crime, and substance abuse has reached a crisis level and shows every indication of getting worse in the future.

As futurist statistician Harold Hodgkinson has frequently pointed out, the cost of these individual failures becomes a great collective burden on society because unemployable citizens drain resources without returning much in taxable income. At a November 1986 conference on the future of science, Hodgkinson recalled that 17 people used to support every Social Security recipient, but in the near future only 3 will do so, and 1 out of 3 will be a minority. "We've got to be sure," he vowed drily, "that every minority student gets a good education and a splendid job."

Responsibility for improving the lot of children rests not only with the schools but with parents, students, individual schools and preschools, local communities, professional organizations, social service and mental health professionals, higher education institutions, commercial enterprises, policymakers at every level, and the media. Effective reform can only result from active collaboration among all these groups.

To link the institutions that develop children into productive adults, society needs something it does not now have: a structure for interdisciplinary long-range youth advocacy planning. The extent of need for such coordination is exceeded only by

its degree of scarcity. We at the Prevention Resource Center,* for example, are surprised to find ourselves a solitary model of state efforts to provide prevention training, resource materials, and technical assistance.⁴⁹

The recent flurry of reports that call for attention to the development of youth evoke a sense of eleventh-hour crisis. "As with all social investments," Levin warned, "time is of the essence. [Prevention] requires a considerable gestation period before its payoffs are evident. We must move with a great sense of urgency if we are to avert the costly consequences of our past inaction." The number of at-risk youth, Hodgkinson added, is "now so large that if they do not succeed, all of us will have diminished futures. That is the new reality."⁵⁰

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CHAPTER 2

Comprehensive Drug and Alcohol Abuse Prevention Program Policies and Procedures

INTRODUCTION

A comprehensive K-12 curriculum is the heart of any school-based drug and alcohol abuse prevention program. However, the curriculum cannot exist in a vacuum. A successful school-based prevention program must be comprehensive and must endeavor to establish and reinforce an environment in which "no use" of drugs and alcohol is the social norm. To be comprehensive, a school-based program must have three components: 1) a prevention education component that is sequential and age-appropriate, 2) an intervention component to assist high-risk and drinking or drug-abusing students, and 3) a discipline component to deal with violations of school policies and state laws. In addition, a school-based program must involve the broader community in its drug prevention efforts to be successful in creating a total environment for students that supports a "no drug and alcohol use" message.

To achieve this, the Attorney General's Commission on the Prevention of Drug and Alcohol Abuse recommended in their Final Report (May 1986) that schools and school districts adopt "clearly defined and communicated laws, policies, procedures, and sanctions related to alcohol and drug use on campus." This chapter discusses comprehensive drug and alcohol abuse prevention program policies and procedures, their purpose and major features.

WHAT ARE DRUG POLICIES AND PROCEDURES AND WHAT PURPOSE DO THEY SERVE?

Drug policies are statements that establish a school district or educational institution's position with respect to situations involving the use, possession, and sale of drugs at school or school sponsored functions. As such, they reflect the philosophy of the district or the institution and the community.

Drug procedures outline how policies are to be implemented. They specify penalties for infractions as well as define the roles and responsibilities of the district, school, community agency, and law enforcement personnel.

School drug policies and procedures that are comprehensive and clearly written and that provide a framework for the efficient, consistent and legally sound management of drug-related incidents are not only desirable, but necessary.

Clearly and carefully articulated policies and procedures allow school personnel to approach their responsibilities with confidence, and in some cases they may save students' lives as well as avoid costly litigation.

DEVELOPING THE POLICIES AND PROCEDURES

A. Getting Started

Before beginning the work of actually designing or revising school drug policy and procedures, certain decisions about the scope of the document and process of development must be made.

1. Jurisdiction of Policy: School District or Individual School?

The major advantages of having districtwide policy and procedures are to ensure system-wide consistency, to avoid duplication of efforts, and to have the support and approval of the policymakers (school board members and administrators). Some districts may be too large and diverse to adopt one set of policies and procedures which are applicable to each school's individual needs. A compromise that is often agreed upon in such cases is to have policy set at the district level and specific procedures set by individual schools or administrative areas of a district. This allows schools the autonomy to develop procedures which enable them to function in ways best suited to their unique situations.

2. Responsibility for the Design and Revision of Policy and Procedures

Although most drug policies are developed by school administrators, a recent NIDA funded study found that policies which were developed "with the active participation of those who must live with them, i.e., members of the school community,"¹ were the most successful. This would require the formation of a school-community committee to design the policy and procedures.

Such a committee could include an administrator, teacher, school drug specialist, or counselor; representatives of community based substance abuse treatment programs and law enforcement agencies; the school attorney; parents, including a representative of the PTA/PTO or PTSA; students, including a student government representative; leaders from the business and religious communities; local government officials; and other interested parties. The membership of the committee should reflect the community's ethnic, racial, socioeconomic and geographic makeup. It may

¹ School Drug Policy: Overview and Recommendations, Pyramid, Pacific Institute for Research and Evaluation. Bethesda, Maryland, July 1985.

also be effective to organize into subcommittees to study and make recommendations about the different elements of the policy, for example, Prevention, Intervention, and Discipline.

3. Role and Responsibilities of the Committee

The involvement of committee members generally takes one of three forms:

- The committee develops policies that are binding on the administration.
- The committee develops recommended policies and submits them to administrators who are responsible for writing the policies and procedures.
- The committee comments on, or comments on and approves, policies and procedures drafted by administrators.

Most educators prefer the second option. Having committee members develop recommended policies increases "buy-in" without usurping the administrators' authority or responsibility to adopt policies and procedures.

B. Features of Comprehensive Drug and Alcohol Abuse Prevention Policies and Procedures

1. Statement of School District and Community Philosophy

Deciding on a statement of philosophy can be one of the most difficult tasks in the entire developmental process. Policymakers (school board members or administrators), teachers, parents, and community members often have different but deeply felt opinions about what the focus of the policy should be. For example, a policy can be primarily punitive in nature, or it can be prevention or intervention oriented, or it can reflect a fair balance of all three. A school district's statement of philosophy is often included in a preamble to the policy.

2. Description of the responsibilities of students, parents, school personnel (teachers, counselors, administrators, support staff), and the community, in general terms and in explicit terms with respect to each specific area outlined in the policy.

A comprehensive, well-written document will inform all parties as to:

- Which incidents they are required to report and to whom, the procedure for making such reports, and the information that must be included;
- Which and to whom it is appropriate to make referrals for intervention;
- The amount of discretion they have in handling a situation; and
- The limitations and requirements of laws, court rulings, and regulations.

3. Implementation of K-12 Prevention Curriculum

The central component of any comprehensive drug and alcohol abuse prevention program in the schools is a K-12 curriculum. K-12 curriculum brings drug and alcohol abuse prevention education into the classroom,

integrating it into the student's learning experience and reinforcing the development of healthy attitudes, social skills, and behaviors.

The National Association of State Boards of Education recommends that state boards of education institute policies that "mandate alcohol and drug prevention education in grades K-12." In their September 1986 letter to school board presidents asking them to establish drug abuse prevention as a high priority, California State Superintendent of Public Instruction Bill Honig and Attorney General John K. Van de Kamp emphasized the importance of K-12 curricula, noting that a comprehensive school plan should include ways to:

Provide a kindergarten through grade twelve prevention curriculum that makes students knowledgeable about the dangers of substance abuse, develops personal responsibility, and encourages healthy lifestyle choices. Education about the harmful effects of drugs and alcohol abuse, and the positive ways of creating an overall healthy lifestyle, including physical and emotional well-being, must begin early in life and proceed through high school. A comprehensive and sequential approach which integrates substance abuse prevention education into other curricular areas is desirable.

Selection of this K-12 curricula for an individual school or district is one of the most important decisions a school will make in implementing a comprehensive drug and alcohol abuse prevention program. The selection reflects the philosophy and values of the school and local community and determines the manner in which these will be communicated to the students.

Chapter 3 reviews 19 of the best known curricula to assist schools in making this critical decision.

4. Intervention: Helping Students With Drug-Related Problems

Schools are in a unique position to identify students who need help and to refer them to appropriate community agencies. However, most schools are not equipped to offer a full range of intervention services for students who abuse drugs, are considered at risk for abusing them, and need community



linkages to help them address these problems. In addition, most school personnel including teachers have not been trained to identify the signs and symptoms of drug use and how to respond. If they do not feel competent in this area, they will not be able, let alone willing, to carry out their reporting and referral responsibilities.

Information about commonly used drugs and their effects can be provided in an in-service training along with an explanation of the drug policy and how to identify the signs and symptoms of drug use and intoxication. If the school or district does not have a qualified drug counselor or drug specialist who can provide such information, it should contact the county drug and alcohol program administrator or a local drug treatment facility and arrange for a representative to provide the training. Such cooperation between school and community supports the kind of broad based approach to prevention that is needed. It also takes some of the burden of providing services off the school.

This element of the school district policy should also include the following provisions:

- clear definition of the types of situations in which it is appropriate to refer students for help with drug-related problems. Many model school policies and procedures address a broad range of problems—e.g., child abuse, death in the family, parental divorce, etc.—not just those related to drugs and school;
- up-to-date information on sources of help available in the school and community and when referral to each source is appropriate;
- formal working relationships with referral sources in the community; and
- information for school personnel on the limits of confidentiality in their conversations with students.

5. Enforcement of Drug and Alcohol Abuse Laws: School Discipline

Policies should be flexible enough to allow for case-by-case decisions to be made when necessary, but specific enough to allow the responsible parties to carry out their duties expeditiously. More specifically, a comprehensive, well-written discipline policy should include the following:

- clear definition of prohibited behaviors;
- procedures for reporting prohibited behaviors, e.g., when a report should be made, whom to report to, and what information should be included in the report.
- procedures for disciplining students for each type of infraction, identification of the individuals or body responsible for carrying out the discipline, and determining the amount of discretion school personnel have in handling the situation, e.g., when and to whom it is appropriate to make referrals for intervention;

- description of circumstances in which parents, the school attorney, and law enforcement agencies should be involved in disciplinary actions;
- description of the relationship formally agreed to between the school and law enforcement agencies; and
- discussion of the legal issues associated with disciplinary actions and their application to each type of incident; requirements and limitations of laws, court rulings, and regulations.

6. Handling Drug-Related Medical Emergencies

If a school or district has a comprehensive policy covering general medical emergencies, it may not need to develop a separate policy document for drug cases. But because of the severe threat a drug-related medical emergency may have on a victim's health/life, schools should consider including explicit policies and procedures for handling drug-related medical emergencies.

The policy should state that the principal concern in a drug-related medical emergency is the health and safety of the victim and other students. Disciplinary action should be postponed until the medical emergency is resolved.

The policy should also address the following issues:

- staff responsibilities and roles; identification of key individuals to be responsible for management of a drug-related emergency; and
- mandatory training for all school personnel in recognizing and handling possible emergency situations.

7. Training

Some training will be necessary to carry out all three elements (intervention, prevention, and discipline) of the drug policy. Specific training considerations are discussed previously under each section.

8. Guidelines for Communication of Policies and Procedures

To be effective, school drug policies and procedures must be understood by students, school personnel, and parents. Because of the various responsibilities and different roles each of these groups has in carrying out the policies, districts should adopt guidelines for their communication to the public. If the length of the policy requires the distribution of a summary, special attention should be taken to ensure that it explicitly outlines the responsibilities and roles of each party and includes referral sources, such as community drug treatment programs.

Each school employee should be given a copy of the complete document. In addition, in-service training should be conducted to assure that personnel are familiar with their responsibilities and are offered an opportunity to ask questions.

Many school districts include drug policies and discipline codes in handbooks that are distributed to parents and students at the beginning of each school year. At the elementary level, they often include a statement for the parent to sign and return to school with the child to indicate that they have read, understood, and agree to abide by the policy. If a district does not publish and distribute such a handbook, copies of the entire policy or its summary should be sent to all parents.

Students, at least at the junior or senior high level, should be given their own copy of the entire policy or its summary and should also be exposed to the policy and procedures at an assembly or orientation.

9. Evaluation and Revision of Policy and Procedures

It is always a good practice to establish criteria for the evaluation and revision of school policy and procedures. The school district must establish criteria for evaluation and revision and determine how often this should be completed. Whether this occurs on an annual or biannual basis is a decision which should be incorporated into the actual policy. It would also be useful to define the types/levels of the evaluation and revision.

a. Effectiveness

It is important to evaluate the effectiveness of drug policy and procedures. Without such an evaluation, limited resources may be wasted on the implementation of ineffective policies and procedures. This is especially critical in the delivery of drug prevention curricula.

An evaluation of the effectiveness of a particular policy and procedures should also include measurement of other indicators related to drug and alcohol abuse, such as attitudes, perceptions, and behaviors of students, school personnel, parents, and the community. Ideally, an impact evaluation would include a comparison of pre- and post-policy levels of drug and alcohol use and related incidents such as the following types of statistical data: results of anonymous surveys of students on their use of alcohol and other drugs and their perceptions of the problem;

- results of anonymous surveys of students on their use of alcohol and other drugs and their perceptions of the problem;
- number of reports of drug/alcohol-related incidents of prohibited behavior; number of related disciplinary actions; number of referrals for intervention or treatment;
- number of youth involved in drug-related hospital emergencies;
- standard School Crime Reports on the type and frequency of crime occurring on school campuses (Pen. Code, § 628); and
- number of arrests and convictions of minors on drug/alcohol-related charges.

It is also important that evaluators/reviewers understand that if this data is examined in isolation, their comparisons may be misleading. For example, a well-written, comprehensive drug policy may have an initial effect of increasing the number of drug-related incident reports, since school personnel and students alike may feel more comfortable about reporting. However, when statistics on related problems such as absenteeism, tardiness, violence, and vandalism are also examined, school personnel should be better able to assess the effectiveness of the policy.

b. Management Review

The district should consider having an independent auditor or evaluator assess how well the policy and procedures were implemented by administrators and educators. If deficiencies are identified, appropriate revisions should be made and corrective action taken.

c. Legal Review

The school attorney should also review the policy and procedures from a legal perspective to assure that it reflects current laws, regulations, and court interpretations. Three areas of law—search and seizure, confidentiality and suspension and expulsion are especially germane to school drug policy.

For further information on laws and legal issues, see the following publications:

- **Law in the School: A Guide for California Teachers, Parents and Students**, Fifth Edition, California Department of Justice, Sacramento, 1990.
- **School Crime Handbook: Summary of California Penal and Civil Laws Pertaining to Crimes Committed Against Persons or Property on School Grounds**, Office of the Attorney General and California Department of Education, Sacramento, 1990.
- **Schools Without Drugs**, U.S. Department of Education, Washington, D.C., 1989.

CHAPTER 3

Descriptions of Drug and Alcohol Abuse Prevention Curricula, Programs and Multi-Element Projects

Drug and alcohol abuse prevention and intervention efforts vary considerably in terms of their content, methodology, and goals. Typically, prevention and intervention efforts may be categorized as curricula, programs, or multi-element projects. These categories are defined below:

Curricula—are sets of lessons with explicit goals and objectives that are organized in a specific sequence. They may include supporting materials (films, videos, workbook, etc.), training, and suggested activities that involve parents or community members. In general, they are school based and are usually delivered by a teacher.

Programs—differ from curricula in that they define a structure and process for achieving school and agency goals. Some programs, such as DARE, include a specific curriculum. Others, such as the Parent Educator Program and NEAT Family, provide a structure to include any curriculum with specified elements. There are also programs, e.g., Impact, which are designed to assist schools in a training or planning process. Programs can be school based, but unlike curricula, they do not have to be.

Multi-Element Projects—represent the most comprehensive category of prevention/intervention efforts. They usually include several curricula and programs and consist of primary prevention, intervention and treatment efforts, as well as discipline and control strategies. They depend on and establish partnerships and linkages between the various social systems that impact children's lives. This comprehensive approach allows schools, parent groups, community agencies, youth groups, and law enforcement agencies to plan cooperatively to address the risk factors that reside within their own domains.

Selection Process and Criteria for Inclusion

In October 1986, the Attorney General's Office mailed letters to the County Drug and Alcohol Program Administrators Associations, developers of drug and/or alcohol abuse prevention curricula and programs, and California school district superintendents to request their participation and assistance in the identification of curricula and programs for inclusion in this guide.

The mailing list of developers was compiled from three sources:

- (1) *Teaching Tools for Primary Prevention*, a National Institute on Drug Abuse (NIDA) unpublished manuscript, 1982, which included descriptions of 30 of the most promising curricula on the market;
- (2) *Peer Resistance Strategies*, an unpublished NIDA manuscript by Dr. Wendy L. Ritchey, in progress, 1987; and
- (3) Personal knowledge of the Advisory Committee (see Appendix F, Acknowledgments, for list of members) and the curriculum reviewer, Dr. Wendy L. Ritchey.

However, only those developers whose curricula or programs appeared to address the known "risk factors"¹ involved in adolescent drug/alcohol abuse were sent letters and invited to submit review copies of their materials and any evaluation data. Thus, a few of the curricula described in *Teaching Tools for Primary Prevention* did not receive letters about the guide because they did not reflect current knowledge about the causal factors involved in adolescent drug use. Others were eliminated because they did not meet the definitions of curricula, programs or projects, but were collections of activities or ideas.

The mailing to school district superintendents asked them to identify curricula and programs they knew were (1) worthwhile, (2) ongoing, and (3) available to the public. Many of the curricula, programs and projects mentioned in the school district responses had already been contacted; those that were unknown to the reviewer were immediately contacted and asked to submit materials if they wanted to be considered for inclusion in the guide.

The submissions were reviewed by Dr. Wendy L. Ritchey and included if they met the following criteria:

- (1) The curricula and programs are ongoing rather than one-shot interventions;
- (2) They are available to the public;
- (3) They have been evaluated. The curricula have demonstrated a positive impact on alcohol and/or drug use, or the "risk factors" or "predictors" involved in adolescent substance abuse. However, for programs, "evaluation" is more loosely defined—many of them have only conducted surveys or pre/post measures and have not had proven effects on drug-specific outcomes or risk factors as have the curricula that are included. Still, they represent the best of those that came to the attention of the reviewer.

Twenty-five drug and/or alcohol abuse prevention education curricula and programs, from a total of over fifty, qualified for inclusion in this guide.² These curricula and programs represent the best available for drug and alcohol abuse prevention education in schools. However, many of those that have been shown

¹ See Appendix A for a summary of the "Risk Factors for Adolescent Substance Abuse."

² Materials that did not meet these criteria but appeared to have merit are included in Appendix D—Resources, if available to the public, and Appendix C—Other Program Descriptions, if unavailable to the public.

to affect "risk factors" have not been shown to affect (or have not measured) drug and alcohol-specific outcomes. This is especially true for elementary school curricula since it is costly to conduct longitudinal evaluations that follow students through the adolescent years when drug and alcohol use typically begins. Thus, it cannot be said with certainty that children exposed to any of these curricula will not use drugs and/or alcohol. Students often say that they do not "intend to use" drugs, but, unfortunately, the correlation between reported intent "not to use" and actual use of drugs and alcohol at an older age is quite low.

Although an exhaustive search was conducted, some curricula and programs that would have satisfied the selection criteria may not have come to the reviewer's attention, may have been unavailable for review, may have been incomplete in terms of the information received, or may have been received too late to be considered.

Finally, to facilitate comparisons, the reviewer prepared a table and individual descriptions of all curricula and programs meeting the criteria. The table highlights the basic characteristics of each curriculum and program and includes the following characteristics: grade level, evaluation, training, delivered by methods, content areas, parent materials, and early intervention. A school may choose to supplement curriculum with additional strategies and/or content areas.

Individual curriculum and program descriptions³ follow the table and are intended to serve as an introduction, not a comprehensive review. Prior to publication, the developers were given an opportunity to review the descriptions to ensure accuracy. Educators are encouraged to contact developers to answer questions and to provide additional information. Appendix E contains a sample program/curriculum review form developed by the Santa Clara County Office of Drug Abuse Services and contact information for a more comprehensive criteria checklist to assist schools in selecting a curriculum or program that best meets their needs.

³ Many of the curriculum descriptions are updated versions of reviews that were included in *Teaching Tools for Primary Prevention*, National Institute on Drug Abuse, 1982.

**TABLE: CHARACTERISTICS OF PREVENTION CURRICULA
AND PROGRAMS**

The characteristics and symbols included in the table are defined as follows:

GRADE LEVEL: Self-explanatory

EVALUATION: The following letters are used to indicate the kinds of outcomes the curriculum has demonstrated an effect on.

A = alcohol use has been shown to be affected.

D = drug use has been shown to be affected.

R = one or more of the risk factors involved in adolescent substance abuse has been shown to be affected.

TRAINING: A symbol in this column indicates that training is available but not necessarily required.

DELIVERED BY: The following letters are used to indicate "who" delivers the curriculum or program.

T = teacher

O = peace officer

P = parent

C = counselor

H = other health care provider

Y = youth

METHODS: A symbol in any of the method columns indicates which strategies, as described below, are used to deliver the curriculum or program:

Role Play—Can be scripted or unscripted practice of a skill. It differs from dramatic play in that the purpose is not to entertain but to practice a skill. No plot or story line is involved. Students get feedback on their "performance" from the teacher, group leader, and/or classmates.

A-V—Means that audio-visual materials are utilized. These include audio and video tapes, films, filmstrips, posters, charts, machines or models (e.g., a smoking machine), and other visual aids.

Peer/Teen Models—Means that older or same-age peers are used to facilitate or co-lead groups or to present information to the class. This technique infers that prosocial, nonsubstance-abusing students are used to present positive models to their peers.

Outside Resources—Refers to the use of outside authorities to present information to students. For example, a speaker from Alateen or Alanon might explain the purpose of the group and how it functions, or a police officer might talk about legal issues involved in illegal drug use.

Service Projects—Indicates that students are involved in activities that are of service to the school or community. Examples might include clean-up campaigns or organizing fundraisers for worthy causes.

Cooperative or Small Groups—Means that students meet in small groups to discuss material, practice skills, or produce a product. Teacher-led small groups, such as a reading group, do not qualify.

CONTENT: A symbol in any of the content columns indicates which components or content areas, as described below, are included in the curriculum.

Drug Information—Lessons present information about the physiological, psychological, and/or social effects of alcohol and other drugs, and why people use alcohol and/or other drugs.

Decision Making—Lessons present a strategy for making decisions and provide students with practice using that strategy. The strategies vary somewhat, but all include generating and evaluating alternatives or solutions. Lessons that are sometimes called "problem solving" are included in this category.

Refusal Skills—Lessons focus specifically on teaching students how to refuse offers to use drugs and alcohol.

Self-Awareness—Encompasses a variety of lessons generally included in self-esteem curricula: identifying feelings, likes and dislikes; respecting individual differences and appreciating one's uniqueness; and communication and listening skills.

Goal Setting—Lessons help students identify their short-, mid- and/or long-term goals.

Awareness of Others—Lessons include friendship, cooperation, family and peer roles and influences, and perspective taking.

Assertiveness—Lessons refer to general social skills that are not related to refusing drug or alcohol offers per se. Examples include lessons that focus on the difference between passive, assertive, and aggressive responses and provide practice giving assertive responses to nondrug-related situations (e.g., how to say "no" to an unreasonable request, how to make a request, etc.).

Career Development—Lessons help students learn about various careers and consider which careers they are most suited to.

Coping Skills—Lessons teach students how to cope with stressful situations and negative feelings. Examples include lessons that help students identify sources of stress and the harmful effects of stress, lessons that help them restructure their thinking and use helpful self-talk, and lessons that help them develop social support systems. Lessons may also include various relaxation techniques, e.g., deep breathing, exercise, imagery, muscle relaxation, and meditation.

Class Climate—Refers to "lessons" that are specifically designed to improve the climate of the classroom. This is sometimes achieved through setting of ground rules that require cooperation and mutual respect, through cultivating a facilitative teaching style, or through class projects rather than through specific lessons.

Parent Materials—A symbol in this column indicates that the curriculum includes materials that involve parents in some significant way. This can be accomplished either through seminars, activities or materials that are specifically designed to educate or inform parents or through student activities that involve parents. An example of such an activity might be a homework assignment that requires the student to interview his parents or discuss some topic with them.

EARLY INTERVENTION: A symbol in this column indicates that early intervention efforts are included in the program.

CHARACTERISTICS OF CURRICULA AND PROGRAMS

Curricula	Grade Level	Evaluation	Training	Delivered By	Methods						Content												
					Role Play	A-V	Peer/Teen Models	Outside Resources	Service Projects	Cooperative or Small Groups	Drug Info.	Decision Making	Refusal Skills	†Counter Adver.	Self Awareness	Goal Setting	Awareness of Others	Assertiveness	Career Dev.	Coping Skills	Class Climate	Parent Materials	Early Interv.
GOAL	K - 6	R	•	T	•	•						•			•	•	•	•	•	•		•	
*HERE'S LOOKING AT YOU, 2000	K - 12	AR	•	T	•	•	•	•	•	•	•	•	•	•	•	•	•	•		•		•	
I'M SPECIAL	3 - 4	AD	•	T	•	•				•	•	•	•		•		•				•		
LIFE SKILLS TRAINING	7 - 10	ADR	•	T	•	•	•				•	•	•	•	•		•	•		•			
ME-ME	K - 6	R	•	T						•	•	•			•	•	•						
OMBUDSMAN	5 - 6	DR	•	T	•				•	•	•	•	•		•	•		•		•		•	
PASS-UP	6 - 7	ADR		T	•					•	•		•	•			•	•				•	
PICKLES AND JAMS	5 - 6	R	•	T	•	•		•	•	•	•	•	•		•	•	•	•		•		•	
PLUS	9 - 12	R	•	T	•							•	•		•		•	•	•	•			
PROJECT ADVENTURE	5 - 12	R	•	T						•								•		•	•		
*PROJECT CHARLIE	K - 6	ADR	•	T	•	•		•		•	•	•	•		•		•	•		•			
SETTING NORMS FOR REFUSAL	6 - 8	AD		T	•	•	•			•			•										
SKILLS FOR ADOLESCENCE	6 - 8	R	•	T	•	•		•	•	•	•	•	•	•	•	•	•	•		•	•	•	
STAGES I AND II	K - 12	R	•	T	•	•						•	•		•	•	•		•	•		•	•
STANDFORD D-E-C-I-D-E	K - 12	R	•	TP	•	•		•		•	•	•	•	•	•		•			•	•		
STAR	6 - 8	R	•	T	•					•		•	•		•		•	•	•	•			
TOWARD AFFECTIVE DEVEL.	3 - 6	R		T	•	•				•		•			•		•		•				
Programs																							
YES	K - 12	**	•	**			•				•										•	•	•
NEAT FAMILY	7 - 12	AD	•	CHT	•	•	•		•	•	•	•	•		•	•	•		•			•	•
PARENT EDUCATOR PROGRAM	K - 6	R	•	P	•	•	•			•	•	•	•	•	•		•			•		•	
PROJECT DARE	K - 12	R	•	O	•		•	•			•	•	•	•	•		•	•		•		•	•
PROJECT SMART	6 - 8	AD	•	T	•	•	•			•	•	•	•	•	•			•				•	
SKILLS FOR GROWING	K - 5	R	•	T	•	•		•	•	•	•	•	•	•	•	•	•	•		•	•	•	
**TRIBES	K - 12	R	•	T	•	•				•		•			•		•				•	•	
YOUTH EDUCATOR PROGRAM	6 - 8	R	•	Y	•		•	•			•	•	•		•		•	•		•	•	•	

A=Alcohol
D=Drug
R=Risk Factors

T=Teacher
P=Parent
H=Health Care Provider
O=Peace Officer
C=Counselor
Y=Youth

* Available in Spanish

** See individual program description for clarification

† Counter Advertising (media resistance skills)

SECTION 1

Descriptions of Curricula

GOAL

Here's Looking at You, 2000

I'm Special

Life Skills Training Program

ME-ME Drug and Alcohol Prevention Education Program

Ombudsman: A Classroom Community

PASS-UP

Pickles and Jams

PLUS

Project Adventure

Project Charlie

Setting Norms for Refusal

Skills for Adolescence

Stages I and II

Stanford D-E-C-I-D-E Curriculum

STAR

Toward Affective Development

Guidance Opportunities for Affective Learning (GOAL)

Grade Level: K-6

**Developed by: Irvine Unified School District
Irvine, California**

General Focus and Description

**Accountability • Skills • Social • Skills • Stress • Management
Critical Thinking • Career • Challenge**

The curriculum consists of 136 lessons which are presented in five curriculum guides: social skills, accountability skills, self-control through relaxation, critical thinking skills and career challenge.

GOAL is designed for use as a primary prevention strategy suitable for an entire class as well as an intervention strategy for children with specific needs. For example, the social skills lessons are designed to help withdrawn/passive students and those who need help with self-awareness and expression of feelings; self-control lessons are aimed especially at impulsive, tense and anxious children; and the critical thinking lessons are designed to help impulsive and hyperactive children.

Evaluation

A rigorous three-year pre/post evaluation found that the 635 handicapped students who participated in the program improved in the following areas: percent time in appropriate behavior, reading comprehension, math achievement, emotional maturity, and career planning. Scores were compared to those of a comparison group of students, some with similar handicaps and some being a normal population. On all measures except reading recognition, project students' scores exceeded those of the comparison group. Recognition scores declined slightly from pre to post, but not significantly. Results of the Priority Counseling Survey also suggested that the curriculum was effective in developing self-knowledge, decision making, and responsibility.

Comments

GOAL and four other curricula which are reviewed in this guide, STAGES I and II, STAR and PLUS, are part of the Irvine Unified School District's K-12 Alcohol/Drug Education Curriculum Plan.

These curricula were developed and evaluated as Title IV-C projects and have been used in regular classrooms in the district since 1983.

Both prevention and early intervention objectives are addressed in these five curricula and can be implemented in classes as prevention strategies or as part of an early intervention program for high-risk students.

When combined, these five curricula include over 400 lessons, covering four categories of life skills (social skills, personal skills, environmental adaptive skills, career development).

Specific information on drugs, e.g., the effects of drugs on the body, use of alcohol and other drugs in society, and misuse and dependency, is covered by the district's health curriculum.

Materials

Materials are available for purchase from the Irvine Unified School District as a complete kit or individually. (Individual prices are in parentheses.)

COMPLETE KIT - \$195

- 2 Curriculum Guides
 - Volume I - (Social Skills/Career Challenge/Career Challenge Test) 67 lessons, 263 pp. (\$70)
 - Volume II - (Accountability/Relaxation/Critical Thinking) 69 lessons, 337 pp. (\$70)
- 1 Relaxation cassette tape of guided visualization (\$12.50)
- 2 Puppets (\$40)
- 1 Parent Handbook - English; 24 pp. (Lots of 5 @ \$12.50)
- 1 Teacher Tips Booklet, 22 pp. (Lots of 5 @ \$12.50)
- 100 Stress Indicator Dots (Lots of 100 @ \$15)
- Supplemental Charts and Activities/Worksheets

Training

One day trainings are offered throughout the United States by the Irvine Unified School District for school personnel (e.g., teachers, counselors, administrators, parents and other adults).

Training and follow-up consultation at the school site is \$500 plus expenses—includes training handouts for up to 25 persons. There is an additional material charge of \$1.00 per person for over 25 persons.

For Information Contact:

Debra Krumpholz
Irvine Unified School District
Guidance Resources Office
5050 Barranca Parkway
Irvine, California 92714
(714) 552-4882

Here's Looking at You, 2000®

Grade Level: K-12

**Developed by: Roberts, Fitzmahan & Associates
Seattle, Washington**

General Focus and Description

**Drug • Information • Life Skills • (including Refusal Skills and Making
Friends) • Bonding to School, Peers, and Prosocial Institutions**

Offers a comprehensive, multimedia approach to alcohol and drug education for kindergarten through grade 12, focusing on the "gateway" drugs of nicotine, alcohol, and marijuana. Lessons focus on the risk factors for adolescent substance abuse. An emphasis is also placed on involving parents in the curriculum which promotes a clear "no use" message at all grade levels. The curriculum is intended to be used as a continuing part of the broader school health curriculum at all grade levels.

Throughout the curriculum, information and skills are introduced in ways that are appropriate for the respective grade levels. Methodology is broad and includes group work, written assignments, role playing, videos, books, games and discussions. Many skills are expanded and reinforced through different activities at each level so that students can continue in the program each year. The number of activities per grade level ranges from 14 to 31. Some lessons are several days long. With extensions, the program can be expanded if desired.

The content, procedures, and materials for each lesson are clearly outlined in the teacher's guide which also contains a "Yellow Pages" section with information about alcohol, other drugs, and community resources for dealing with alcohol and other drug problems.

Evaluation

Evaluations of the original *Here's Looking at You* (1975) showed that it improved students' knowledge about alcohol and had a positive impact on decision-making skills.

Studies of the revised curriculum, *Here's Looking at You, Two*, showed similar results and included positive effects on teenage drinking.

The latest revision, *Here's Looking at You, 2000®*, is considerably different from the previous editions. Revisions were based on teacher feedback and the latest research findings in the field. Evaluation data on this new edition are available but were not reviewed for this publication.

Comments

In 1976, the National Institute on Alcohol Abuse and Alcoholism (NIAAA) selected *Here's Looking at You* as one of three education programs in the nation to be tested for replication; as a result, the curriculum was used widely in school systems nationally.

The complementary curriculum for parents of 4th-7th graders, *Preparing for the Drug (Free) Years*, can be used in conjunction with *Here's Looking at You, 2000®*, in order to provide a truly comprehensive approach that impacts multiple systems (home, school, peers). See Appendix C for a description of this parent curriculum.

Materials

Kits are designed to be housed in a central location and circulated to teachers at the same grade level throughout the school year.

Each grade-level kit consists of a plastic carrying case which contains all materials needed to teach 35 students: books, videos, games, puzzles, puppets, transparencies, and a detailed teacher's guide. There are no consumables. The cost of kits ranges from \$525 to \$585 for grades K-3 and from \$940 to \$1,395 for grades 4 and above.

Teacher's guides may be purchased separately from the kit for \$25 for each individual grade level or \$70 for K-12.

The five skill-training VHS videotapes may also be purchased separately from the kit as a set or individually.

"Ask For It" (K-3)-\$100

"Staying Out of Trouble" (K-3)-\$100

"Duffy's Story" (Formerly "Staying Out of Trouble and Keeping Your Friends") (4-6)-\$180

"Making Friends" (6-8)-\$180

"Helping Your Children Stay Out of Trouble" (parents of 4-6th graders)-\$40

A Spanish translation for *Here's Looking at You, 2000*® is available for K-6. Materials include a single guide (\$70) with work sheets and parent newsletters.

Training

Roberts, Fitzmahan & Associates strongly recommends training teachers who plan to use the *Here's Looking At You, 2000*® curriculum, and offers not only teacher training but also training of trainers. Training of trainers is cost-effective because communities won't have to bring in trainers from outside the local area.

Five-day "open enrollment" training of trainers workshops are offered monthly throughout the U.S. at a cost of \$895 per participant, with at least two participants on a team. Each participant receives a Trainer's Manual, as well as a continental breakfast and lunch each day. Teams must also purchase a Trainer's Kit for \$525, and have access to the *Here's Looking At You, 2000*® curriculum materials. The Trainer's Kit includes all the materials needed to train others in *Here's Looking At You, 2000*®.

A five-day "closed enrollment" training of trainers workshop for a specific community for up to 30 participants costs \$11,300 for two Roberts, Fitzmahan & Associates, Inc. trainers. This price includes Trainer's Manual for each participant and all Roberts, Fitzmahan & Associates, Inc. trainer expenses.

Three-day teacher training workshops for up to 50 participants cost \$5,600, plus travel and expenses for two Roberts, Fitzmahan, and Associates trainers.

For Information Contact:

Roberts, Fitzmahan & Associates
9131 California Avenue, S.W.
Seattle, Washington 98136-2599
(206) 932-8409

or

CHEF
22323 Pacific Highway South
Seattle, Washington 98198
1-800-323-CHEF

I'm Special

Grade Level: 3-4

Developed by: The Drug Education Center
Charlotte, North Carolina

General Focus and Description

**Communication and Group Cooperation Skills • Decision Making
Self-Esteem • Drug Information • Refusal Skills**

Description

This curriculum consists of eight one-hour sessions which focus on developing and nurturing a child's sense of uniqueness and self-worth, while at the same time teaching skills for healthy living and effective group cooperation.

Instructions for presenting each session are simple and complete. An introduction helps the teacher set the scene for the activities and review the previous session.

Each session begins with a goal statement written in language understandable to third and fourth graders. The teacher can design a session appropriate to the needs and skills of his or her particular class from a variety of activities.

Each session concludes with processing questions that help to review the lesson and give it appropriate closure.

Evaluation

A longitudinal evaluation of the *I'm Special* drug abuse prevention efforts of the Drug Education Center in the Charlotte-Mecklenburg school system showed a significant and positive impact on student drug and alcohol usage.

The evaluation compared the drug and alcohol usage level of those students who "had taken" the program with those who "had not" over a period of a decade. The results clearly demonstrated that the proportion of current drug and alcohol users (monthly or more often users) was significantly lower among the *I'm Special* graduates than those who "had not" participated in the program.

Copies of the evaluation study can be obtained from S. Kim, Ph.D. at the Drug Education Center.

Comments

In its developmental phases, *I'm Special* was taught by community volunteers who were trained by the Charlotte Drug Education Center staff.

The curriculum can be used either by experienced teachers or by volunteers who have never taught before.

If volunteers are used, training of the kind suggested in the manual's training outline, led by experienced facilitators, is essential.

Materials

Curriculum Guide—Includes handouts for program modules and a training outline, 114 pp. (\$10 plus 10% postage and handling).

Training

The manual for *I'm Special* outlines 18 hours of training that could be provided by any trainer who is highly experienced in group process training and school-based prevention programming.

Training (two-six hour sessions) and technical assistance is also available to schools from the staff of the Drug Education Center. (\$875 per day plus travel and per diem.)

For Information Contact:

Helen Harrill
The Drug Education Center
500 East Morehead Street, Suite 100
Charlotte, North Carolina 28202
(704) 375-3784

Life Skills Training Program (LST)

Grade Level: 7-10

**Developed by: Dr. Gilbert Botvin
Cornell University, New York**

General Focus and Description

**Self-Esteem • Decision Making • Stress and Coping Skills
Assertiveness • Communication • Refusal Skills • Drug Information**

The LST curriculum was originally designed to assist students in developing the skills and confidence necessary to resist negative social influences to smoke.

The current version is an expansion of the earlier program and is designed to prevent alcohol and marijuana use as well. In addition, it facilitates the acquisition of important life skills to promote personal development and positive mental health.

Five major components are covered:

- The Cognitive Component presents drug information;
- The Decision-Making Component focuses on how decisions are influenced by others and presents a strategy for making rational decisions;
- The Anxiety-Reduction Component involves learning to cope with anxiety and includes specific anxiety-reduction techniques;
- The Social Skills Training Component, the largest of the five components, deals with communication skills and assertiveness training; and
- The Self-Improvement Component includes an eight-week self-improvement project in addition to a class session that focuses on self-image and how it can be improved.

Evaluation

Results of several evaluation studies with junior high students have shown decreases in tobacco, alcohol, and marijuana use by over 50 percent.

The program has also been found to have a positive impact on health attitudes and knowledge, assertiveness, self-esteem, self-confidence, self-satisfaction, self-mastery and social anxiety.

Comments

Over 25,000 students from more than 100 schools have been involved in SLT evaluation studies. The program received the Governor's Certificate of Merit in New York State and has been selected as an exemplary prevention program by the National Centers for Disease Control and the American Psychology Association's Task Force on Prevention.

Materials/Costs

Teacher's Guide—Includes the major points and objectives of 15 sessions which are usually presented in grade 7 but which have also been presented in grade 8. (\$85)

Level Two Teacher's Guide—First year Booster (10 sessions; \$45)

Level Three Teacher's Guide—Second year Booster (5 sessions; \$35)

Student Guides—Includes written assignments and handouts highlighting key points in each lesson. (\$6 each; discounted as volume increases)

Relaxation Tape (\$10)

Training

Training is provided upon request by Dr. Gilbert Botvin, the developer of the program, and his associates.

Cost of training depends upon the number of participants; but the average workshop generally takes 1 1/2 days and costs about \$2,500-\$3,000 (plus travel and per diem).

LST also offers Teacher Training videos:

Level One (\$150)

Level Two (\$100)

Level Three (\$50)

For Information Contact:

Tracy Diaz
Life Skills Training Program
411 East 69th Street, Room Kb 201
New York, New York 10021
(212) 746-1270

ME-ME Drug and Alcohol Prevention Education Program

Grade Level: K-6

**Developed by: ME-ME, Inc.
Appleton, Wisconsin**

General Focus and Description

Self-Concept • Decision Making • Drug and Alcohol Information

This program combines self-concept and decision-making activities with a strong drug information component for weekly presentation by a regular classroom teacher. The materials are student oriented and are compatible with all areas of the curriculum.

The curriculum contains a substantial number of activities to last the entire school year. Although some of the activities can be used with all elementary age children, there are activities unique to each grade level.

Children are taught drug information in conjunction with learning about themselves and how to make good decisions. The program activities are scaled to grade level abilities, e.g., in the primary grades, children learn to discriminate between things that are safe and unsafe to eat, including household chemicals; in the intermediate grades, children learn about prescription and over-the-counter medicines and the effects of alcohol, tobacco, caffeine, and other drugs (crack, designer drugs, etc.).

Evaluation

Project evaluations have shown that *ME-ME* increases students' feelings of self-worth, decision-making abilities, negative attitudes toward drugs, and factual information about drugs.

Comments

The *ME-ME* Program has been selected as an exemplary project by the National Diffusion Network (NDN).

Evaluation instruments are available to schools wanting to measure the effectiveness of the program at their sites.

A summary evaluation report is sent to each school at the end of the first year. The report is based on the logs teachers provide and the contact *ME-ME* staff have with them throughout the year. This information allows schools to continue to implement a viable program long after the technical assistance and monitoring by the *ME-ME* staff has ended.

A special strength of *ME-ME* is that it deals with drugs in the context of substances that are already familiar to children at this grade level.

Materials

Sample Packet (\$10)

The following manuals are available only to those persons who participate in the training session and purchase them for \$39 a set:

- Kindergarten Level Manual
- Primary Level and Drug Information Manuals (Grades 1-3)
- Intermediate Level and Drug Information Manuals (Grades 4-6)

For Information Contact:

Artie Kearney, Ph.D.
Executive Director
ME-ME, Inc.
426 West College Avenue
Appleton, Wisconsin 54911
(414) 735-0114

Ombudsman: A Classroom Community

Grade Level: 5-6

Also used for 7-8 in many parts of the country

Developed by: The Drug Education Center
Charlotte, North Carolina

General Description

**Self-Esteem • Self-Awareness • Communication Skills • Decision Making
Problem Solving • Drug Information • Refusal Skills • Service Project**

The Drug Education Center has transformed the original concept of an ombudsman, "a person who is an arbitrator between private citizens and government institutions," into a program that is based on the loose interpretation that an ombudsman is a "helping person." The program encourages students to value themselves and become their own advocates in order to reach out to others.

The curriculum combines a strong focus on the developing self with a service component designed to be presented for a minimum of two hours per week over a semester.

The Ombudsman is divided into three phases:

Self-Awareness/Self-Esteem—Includes a series of exercises that help students gain a wider understanding and appreciation of their identity as autonomous individuals.

Communication and Group Skills—Focuses on techniques for team building, communication and cooperation, decision making, refusal skills training, and problem solving. Drug information is also presented in this phase as students practice acquired social skills.

Outreach—Students plan and carry out creative and constructive service projects that allow them to demonstrate and share what they have learned and develop a sense of community feeling. Some of the projects developed by program participants have included:

- Sixth graders teaching a group of kindergartners how to swim. Although a lifeguard served as the head instructor, the most distinctive aspect of this program was the one-to-one relationships that developed between the younger and older children.
- Another class of sixth graders organized a "graduation ceremony" for the school's entire sixth grade.
- A group of fifth graders organized a "Just Say No" program for younger students in their school. Their project culminated with a "Just Say No" day full of activities and programs focusing on the concept and pledge of saying "no" to drugs.

Evaluation

Evaluations of the curriculum showed that it had a definite impact on factors related to drug use and that graduates were more likely than nonparticipants to reduce use if they were users.

Comments

Ombudsman is based on empirical research that identifies seven high-risk syndromes closely related to student drug involvement. The program attempts to impact these seven high-risk syndromes.

Ombudsman has been validated by the Joint Dissemination Review Panel of the U.S. Department of Education in 1979 and again in 1985. The program has been validated as "an exemplary drug abuse prevention program that works," and has been replicated in more than 38 states throughout the United States.

Materials

Manual—Includes handouts for specific modules (159 pp.; spiral bound; \$15 plus 10% postage and handling). Materials are only available with training.

Training

Awareness Sessions provided for the cost of travel and per diem.

3-Day Training Workshop provided by Drug Education Center staff or certified trainer.

Cost: \$1250 plus travel and per diem.

For Information Contact:

Helen Harrill
The Drug Education Center
500 East Morehead Street, Suite 100
Charlotte, North Carolina 28202
(704) 375-3784

Parent and Student Substance Use Prevention (PASS-UP)

Grade Level: 6-7

Developed by: American Lung Association of Los Angeles County and the Health Behavior Research Institute (now called the Institute for Health Promotion and Disease Prevention Research)
University of Southern California

General Description

Social Influences • Refusal Skills

This ten session curriculum focuses on social influences and refusal skills and teaches students how to resist peer pressure and be assertive, and how to analyze advertisements. It also includes basic information on the effects and consequences of tobacco, alcohol, and marijuana. The lessons are well organized, comprehensive and clearly written. Both the classroom and homework activities involve parents.

Evaluation

PASS-UP was tested on over 1,200 7th grade students. The results, one month following program implementation, indicated that the program met its objectives in increasing students' awareness of social influences, facilitating their resistance skills, increasing parent-child communication, and strengthening intentions to not use tobacco, alcohol, or marijuana in the future.

The results at six months indicated that students participating in the curriculum had significantly lower usage of tobacco, alcohol and marijuana than a control group of similar students. In addition, both attitudes and intentions to use these substances were significantly changed in a positive direction.

At 18 month follow-up, usage, attitude and intention differences between the two groups had disappeared. However, the subset of students who were in schools that had a high level of parental involvement maintained low usage rates for alcohol and marijuana, but not tobacco.

PASS-UP appears to deter the onset of tobacco, alcohol and marijuana use in the short-term and, with appropriate reinforcements from parents at home, can help deter substance use for several years.

Comments

PASS-UP is currently being used in school districts around the country, often as a supplement to more content-oriented curricula.

Materials

Manual (124 pp.; \$12 including postage and handling)

- Grading System
- List of Community and Media Resources
- Quiz
- Student Contract
- Series of Student Worksheets
- 5 Homework Activities for Students and Parents (Parent materials are available in Spanish)

Training

None required.

For Information Contact:

Marilyn Cowan
Program Manager
American Lung Association of Los Angeles County
5858 Wilshire Boulevard, Suite 300
Post Office Box 36926
Los Angeles, California 90036-0926
(213) 935-5864

Pickles and Jams (and how to get out of them)

Grade Level: 5-6

Developed by: Project INFO (under NIDA grant)
Whittier, California

General Focus and Description

**Alternatives • Assertiveness Training • Communication Skills
Decision Making • Moral Education • Self-Concept**

Pickles and Jams is divided into six units covering the following topics:

- | | |
|------------------------------|--------------------|
| - Self-Esteem/Self-Awareness | - Moral Decisions |
| - Communication | - Assertion/Stress |
| - Decision Making | - Alternatives |

Each unit contains a series of lessons with complete instructions for the teacher, including scripts the teacher could read in introducing the various activities.

Where appropriate, the guide also provides student worksheets that can be easily copied.

The introductory lessons synthesize a variety of activities that were common in school-based prevention programs in the 1970s. However, the units on moral decision making, assertiveness (in resisting peer pressure), and alternatives (primarily development of a civic project) distinguish *Pickles and Jams* from the many other curricula that also use these activities.

Evaluation

Research on the impact of *Pickles and Jams* found significant increases in the internal control of students who participated in the course.

Comments

The distinctive feature of *Pickles and Jams* is that it goes beyond the familiar affective exercises with which it begins and builds toward a more comprehensive approach involving moral education and assertiveness training.

Materials

Complete Package—(\$400) (individual prices are in parentheses)

- Curriculum Guide: Includes detailed descriptions of 42 days of lessons. The Guide is attractively illustrated with 19th century line drawings of children engaged in a variety of activities and is packaged in a loose-leaf binder. (\$100)
- Five Short Videos: One for teacher orientation to the curriculum and four for use during the lessons. (Range from \$50-\$75 each)

Partial Package—Manual and a student film, "Broadcast for Becky," are available for preview (\$150)

*This amount may be applied toward the purchase of the complete package for a \$75 savings.

Training

Available upon request. Cost of 21-hour facilitation training for counselors, teachers, and other health care providers is negotiable, as well as fees for consultation and technical assistance.

For Information Contact:

Irene Redondo-Churchward
Executive Director
Project INFO
9401 South Painter Avenue
Whittier, California 90605
(213) 698-9436

Promoting Learning and Understanding of Self (PLUS)

Grade Level: 9-12

Developed by: Irvine Unified School District
Irvine, California

General Focus and Description

Social Skills • Problem Solving • Stress Management

PLUS consists of 82 lessons, using broad methods of delivery which include discussions, role plays, stories, worksheets, and written assignments. The three basis lesson components include:

- Social Skills, e.g., self-control, identification of passive, aggressive, and assertive behaviors, how to ask for help, how to say "no," and how to handle criticism;
- Problem Solving, e.g., understanding agreements and consequences, taking responsibility for consequences, rational and irrational thoughts, and six-step problem-solving plan; and
- Stress Management Techniques, e.g., using stress indicators, diaphragmatic breathing, progressive relaxation, and visualization and autogenic relaxation.

Evaluation

The original 16-month project focused on 9th and 10th grade special education students.

Evaluation results indicated significant student improvement in attendance, self-esteem, math, reading, and social skills.

Comments

See "GOAL" entry for additional information.

Materials

Complete Kit—\$175 (individual prices are in parentheses)

- Curriculum, 82 lessons, 310 pp. (\$75)
- 15 Student Workbooks, 208 pp. (\$5 each)
- 100 Stress Indicator Dots (\$15/Lots of 100)
- 1 set of Stress Management Audio Cassettes (\$30)

Training

One-day trainings are offered throughout the United States or at your site for school personnel (e.g., teachers, counselors, administrators, etc.), parents or other adults. Cost:

- \$500 at your site in California plus expenses. Includes training materials.
- \$600 at your site outside California plus expenses.

For Information Contact:

Deborah King
Irvine Unified School District
Guidance Projects Office
5050 Barranca Parkway
Irvine, California 92714
(714) 552-4882

Project Adventure

Grade Level: Junior and Senior High Schools

Developed by: Project Adventure, Inc.
Hamilton, Massachusetts

General Focus and Description

Alternatives • Group Cooperation • Self-Concept

Project Adventure adapts the wilderness challenge concept of Outward Bound for use in school and community settings. The materials emphasize two basic goals: (1) to help young people develop skills and a sense of adventure through physical activities and learning experiences in the outdoors, and (2) to enhance self-esteem and group cooperation.

Project Adventure offers a number of different possibilities for implementation ranging from a relatively structured series of challenging physical exercises and games (the "Ropes Course") to what could be a semester-long course in exploring natural and manmade environments. All are consistent with the project's basic focus on restoring a sense of adventure as an important part of human growth and development.

Evaluation

Evaluations have shown that participation significantly improved students' self-concepts, levels of achievement, motivation, self-confidence, and participation in school programs.

Comments

This is an exciting approach, virtually unique among the many different materials reviewed for this publication. For teachers who prefer informality, this can be an excellent way to create group cohesiveness among students and break the monotony of "seat time." There are definite physical risks to the program, and teachers and students must be well prepared to do the various activities and exercises. Teachers who are not comfortable unless they are wearing coats and ties or dresses and high heels would be well-advised to stay away from *Project Adventure*.

Materials

Project Adventure has published six paperback books and a series of program reports, and also makes available a slide tape that describes the project.

- *Silver Bullets*, by Karl Rohnke, is full of games, problem-solving initiatives, and easy-to-use ideas. This book is illustrated with cartoons of activities and is written in a lively, humorous style. (\$14.95)
- *Islands of Healing* describes the project's Adventure-Based Counseling model, talking about using games, initiatives, and ropes course elements as counseling tools. Included in this book are different examples of settings in which this model is appropriate, as well as real-life stories of adventure education. (\$18.50)
- *High Profile*, by Karl Rohnke, is about indoor ropes course elements, such as what is available, when indoor is more appropriate, etc. (\$7.00)
- *Teaching Through Adventure*, by Lentz, Sentkowski, Siedman, and Smith is essentially a program description demonstrating the full range of activities offered by the project at its home base in a

Boston suburb. Included in this description are an "urban exploration" with guidelines for exploring cities in novel ways; and a "mud walk"—teachers and students slog through a swamp together in old clothes and by exploring this "strange new environment," learn new things about each other and themselves. (\$8.50)

- *Cranking Out Adventure*, by Karl Rohnke, is a bike leader's guide. (\$4.50)
- *Going Camping?*, by Rufus Little, is a basic guide to camping with students. (\$3.50)

Equipment costs can range from \$4,500 - \$15,000, depending on scope.

Training

Considering some of the potential physical hazards of the various activities, training is essential.

Project Adventure offers a four-day training program in the Boston and Atlanta areas for \$335 tuition and \$185 for room and board. Occasionally, training is available in other parts of the country.

Graduate degree credit for the workshop is available for an additional fee of \$75 per credit, plus a \$10 registration fee. Some courses are offered for one or three credits; others are for either two or four credits, depending on the type of workshop.

Project Adventure also offers counseling workshops for school and mental health professionals who wish to use *Project Adventure* with emotionally disturbed youth or adults in or out of institutional settings. The workshop teaches specific group counseling strategies and formats for populations with special needs.

In addition, custom workshops are available on site for up to 12 staff at a cost of \$60 per participant per day. These workshops can teach a program implementation form that does not need the construction of special apparatus.

For Information Contact:

National Headquarters
Project Adventure, Inc.
Post Office Box 100
Hamilton, Massachusetts 01936
(508) 468-7981

or

Cindy Simpson
Southeast Office
Project Adventure, Inc.
Post Office Box 2447
Covington, Georgia 30315
(404) 784-9310

Project Charlie

Grade Level: K-6

Developed by: Project CHARLIE
Edina, Minnesota

General Focus and Description

Self-Awareness • Relationships (Social Skills) Decision Making • Chemical Use

Project Charlie is a drug abuse prevention program for elementary school children based on building self-esteem, teaching social competencies and discouraging the use of drugs as a way to avoid problems.

The manual contains 46 primary lessons and 70 intermediate lessons divided into four units (Self-Awareness, Relationships, Decision-Making and Chemical Use). Follow-up and alternative lessons are also included, providing enough material for weekly lessons at every grade level.

Activities are varied and interesting and include discussions, role plays, films, small group work, games, stories, and written assignments. A Spanish translation is also available.

Project Charlie for Grown-Ups, a five-session program for parents whose children have had *Project Charlie*, and *Project Charlie's Home Team Program* have recently been developed. The latter program is a home component for families and includes four storybook and activity packs to teach families about drug and alcohol abuse prevention.

Evaluation

Research studies show positive program effects on early use of alcohol and marijuana among 10th graders and improved ability among some age groups to identify alternatives and consequences.

Comments

This program has received national recognition and is now being implemented in hundreds of schools and communities throughout the U.S. and Canada.

Several lessons suggest using books, films or puppets which could be obtained from a county or district media center. However, this is not necessary to teach the lesson. Optional lessons are provided that do not require these supporting materials.

Materials

Teacher's Manual (371 pp.)—only available to those persons who have been trained to implement the curriculum.

Parent Group Leader Manual (*Project Charlie for Grown-Ups*). Available only to persons who have been trained. Cost: \$35. Contains activities and lessons for five 1-1/2 hour sessions.

Film "I Am Someone Special" (7 min.). An introductory film available to schools or communities using Project Charlie (purchase price \$22). Free on loan.

Training

5-Day Workshops for trainers held in Minneapolis, Minnesota, three times per year (onsite workshops can be arranged)

Cost: \$595 per person; includes materials and lunches (does not include transportation or lodging)

2-Day Implementation On-Site Workshop: (includes parent evening)

Cost: \$3,500 for two trainers to present program, plus \$45 for each curriculum purchased.

1-Day plus Implementation On-Site Workshop: (includes parent evening and two hours of consultation time the next morning)

Cost: \$3,000 for two trainers plus \$45 for each curriculum purchased.

1-Day Implementation On-Site Workshop

Cost: \$2,000 for two trainers plus \$45 for each curriculum purchased.

Additional costs include expenses for the two trainers.

Training can also be individually tailored to meet the needs of any school district or group.

For Information Contact:

Marion London
Training Coordinator
Project Charlie
5701 Normandale Road
Edina, Minnesota 55424
(612) 830-1432

Setting Norms for Refusal

Grade Level: 6-8

Developed by: Center for Health Promotion
University of Texas Health Science Center
Houston, Texas

General Focus and Description

Refusal Skills • Social Influences (Peer Norms)

The curriculum is based on the theory that use of drugs can be reduced by influencing students' perceptions of the social desirability of using them. This is done with guided group discussion and through structured role playing and training in peer pressure resistance. Activities are segmentally organized into five 45-minute sessions: 1) critically analyzing persuasive media messages; 2) reading responses to a videotaped peer pressure-giver; 3) students writing their own responses to the taped pressure-givers; 4) writing and playing original peer-pressure vignettes; and 5) making a public commitment not to smoke or drink. The same format is used to teach resistance to cigarettes, beer and marijuana.

The Teaching Guide includes instructions for five sessions with each of three substances that can be combined into anywhere from 7 to 15, 45-minute learning experiences. Suggested preparation activities, objectives, forms, and evaluation instruments are the sessions.

The participation videotape includes six segments that deal with smoking, three that relate to drinking, and two that deal with marijuana. In each segment, an adolescent girl or boy pressures the student to smoke a cigarette, smoke marijuana, or drink a beer. The participant responds, following the script that is written at the bottom of the screen. In each case, the participant convinces the actor that smoking (or drinking) is a bad idea. Actors are Anglo, Black and Hispanic male and female high school drama students; all the dialogues are in English.

Evaluation

This curriculum was originally field tested with middle class seventh and eighth graders and have been replicated in Boston inner-city schools.

Studies have found it to be effective in significantly delaying the onset of cigarette, alcohol and marijuana use.

Comments

This curriculum might be a suitable adjunct to a more comprehensive program that included, among other things, accurate drug and alcohol information.

The researchers who developed the program cite change in group norms, rather than practice in resisting peer pressure, as the reason the curriculum is successful in delaying drug and alcohol use.

Materials

Teaching Guide (70 pp., updatable three-ring binder) and industrial quality 1/2 inch VHS cassette (\$60 prepaid, includes postage and handling)

Training

Although training is not required for these materials to be used effectively, it is available upon request. Contact Dr. Alfred McAllister (at address and telephone number below) to negotiate time and cost.

Technical assistance is also available upon request; fee is negotiable.

For Information Contact:

Sue Sifford
Center for Health Promotion
University of Texas Health Science Center
Post Office Box 20186
Houston, Texas 77225
(713) 792-8540

Skills for Adolescence

Grade Level: 6-8

Developed by: Quest International
Granville, Ohio

General Focus and Description

**Communication and Other Social Skills • Decision Making • Goal Setting
Self-Confidence • Family Relationships • Drug Information**

Lions-Quest *Skills for Adolescence* aims at helping young people learn how to deal with the challenges of our complex society. It establishes a supportive partnership between parents, the school, and members of the community to help students develop the positive social behaviors of self-discipline, responsibility, good judgment, and the ability to get along with others while establishing their commitments to the home, school, and community.

The heart of the program is a 103-session course that focuses on the growth and development of young adolescents, building self-confidence through better communication, managing emotions, improving peer relationships, developing critical thinking skills for decision making, resisting negative peer pressure, setting goals for healthy living, strengthening the family, and learning the harmful effects of drug use.

The service learning component helps vary the pace of the curriculum and teaches important leadership skills by having students organize and carry out school and community projects that offer service to others. Classroom learning experiences include small group work, discussions, and reading and writing assignments. Families are involved through shared homework assignments and parent materials that inform the family about the skills and concepts presented in the classroom.

Teachers who use *Skills for Adolescence* are encouraged to think of the curriculum as a guide, adjusting it to meet the needs of their students. It can be implemented as part of another course, but the developers suggest it be taught as a separate semester or year-long course.

Evaluation

Preliminary investigations suggest that *Skills for Adolescence* has a variety of positive effects on participating students. For example, students who took a *Skills for Adolescence* class obtained significantly higher scores on a self-report measure of relationships with others, resistance to peer pressure, attitude toward teachers and authority figures, and assertive, sharing communication than did a matched control group.

Skills for Adolescence teachers also report consistent observable, positive changes in such areas as self-worth, responsibility and respect for others, communication, problem solving, decision making, critical thinking and seeing oneself as responsible for and in control of one's own life.

Comments

This is one of the most comprehensive programs available for this age group and is unique in its inclusion of parent service learning, and positive school climate components.

It is currently used in more than 17,000 schools in 22 countries, has been translated into six languages, and has received widespread endorsements and support from diverse groups and foundations.

Success of this curriculum is in part dependent upon the adult leader who encourages student participation and provides relevant information. Respect for students' feelings and individual differences is a critical factor.

Materials

Skills for Adolescence materials are available only to people who participate in the program's three-day training workshops, which are held regularly throughout the country. Materials include:

- A loose-leaf teacher's manual containing 8 instructional units and four introductory sections covering rationale, implementation, service learning projects, and classroom climate strategies; (750 pp.).
- *Activities and Assignments*, student workbook, that contains all the worksheets and writing assignments needed to complete the course plus a reflection notebook section in which students are encouraged to write their thoughts and questions about each day's lesson; 174 pp., \$4.85 for 1-249 copies (price decreases with larger orders).
- *Changes*, paperback student text, 189 pp.; \$6.85 each for 1-249 copies (price decreases with larger orders).
- *The Surprising Years*, a paperback book for parents; 135 pp.; \$6.85 each for 1-249 copies (price decreases with larger orders).
- *Supporting Young Adolescents: A Guide to Leading Parent Meetings*, which provides instructions for a series of parent meetings that are closely coordinated with the contents of the curriculum and the parent book; 124 pp.; \$15 for each additional copy.

Training

Three-day workshops are provided regularly at various sites across the country. Quest encourages participants to be trained in teams of two from each site in order to enhance on-site support of the program and enable teachers to coach one another.

Each workshop participant is provided with a workshop guide and a set of materials that includes the teacher's manual, the student and parent books, and the parent meetings guide. The cost of three-day training workshops is as follows:

- \$975 for the first person trained from a given site (including materials listed above, plus classroom copies—(26 each of the parent and student books and the student workbook); and
- \$375 for each additional person from a given site.

Arrangements can also be made for locally sponsored workshops for up to 36 participants, at a greatly reduced rate.

The program also provides participants with follow-up support and technical assistance. Follow-up training workshops, staff development services and networking meetings are available at an additional cost.

For Information Contact:

Quest International
537 Jones Road
Post Office Box 0566
Granville, Ohio 43023
1-800-446-2700

Stages I and II

Grade Level: Stages I: K-6/Stages II: 7-12

Developed by: Irvine Unified School District
Irvine, California

General Focus and Description

Coping Skills for Effectively Handling Change

Curriculum can be implemented schoolwide or in individual classes as a primary prevention strategy or as a secondary prevention strategy in regular classroom health or social studies. The curriculum can also be used in counseling situations with high-risk students or those experiencing major changes in their lives.

Lessons cover the reactions or stages one passes through when experiencing changes: denial, anger, bargaining, depression, acceptance, and hope.

Activities include scripts, stories, discussion, art, and stress management techniques.

Stages II also covers goal setting, and skills to manage reactions to change.

Evaluation

Volunteers (referred by parents or teacher) in grades K-8 who were experiencing disruptions in their homes due to divorce, death, separation of parents, etc., participated in the program and were compared to students with similar characteristics.

CTBS reading comprehension subtest scores showed that all project groups exceeded all comparison groups, and the differences were statistically significant at grades 3 and 6.

CTBS math concepts and applications subtest scores indicated that project students made greater gains at every level than comparison students. The differences were statistically significant at grades 3, 5 and 6.

Project students had significantly higher scores on the Behavioral Academic Self-Esteem test than did comparison students on the post-test.

Improvement in attendance and decreased number of visits to the nurse's office were also achieved.

Comments

In addition to *Stages I and II*, the Irvine Unified School district has recently developed *Stages II Independent Study Program for Adolescents*. This curriculum is targeted to reach students in alternative programs and continuation schools. To date, no evaluation data are available.

Materials

Materials may be purchased in kit form or individually. (Individual prices are in parentheses.)

Stages I for K-6

- Primary and Intermediate Kits (\$185 each)
 - K-6 Curriculum, 88 lessons (\$75)
 - 15 Student Workbooks (\$5 each)
 - 1 Audio Tape set (\$25)

- Set of Task Cards, 36 activities (\$18)
- Parent/Teacher Handbook (\$8)

Stages II for 7-12

Kit (\$160 each)

- Curriculum, 28 lessons (\$65)
- "On Stage" Videotape—(\$65) and Script (\$45) (Story traces reactions of five family members experiencing divorce.)

Stages II Independent Study Program for Adolescents

- Teacher Curriculum and Answer Guide, 21 lessons (\$55)
- Student Complete Workbook (\$10 each)

Training

One day trainings are offered throughout the United States or at your site for school personnel (teachers, counselors, administrators, etc.), parents or other adults.

For Information Contact:

Christine Honeyman
Irvine Unified School District
Guidance Resources
5050 Barranca Parkway
Irvine, California 92714
(714) 552-4882

Stanford D-E-C-I-D-E Drug Education Curriculum

Grade Level: K-12

Developed by: Emily Garfield, Ph.D.
Project Pegasus
Menlo Park, California

General Focus and Description

**Decision Making • Drug and Alcohol Information • Good Health Care Practices
Group Process Awareness of Self and Others • Social Influence**

D-E-C-I-D-E employs didactic and group process approaches to provide information and experiences aimed at increasing self-understanding. The goal of the program is to discourage drug misuse by encouraging thoughtful, independent decision making that examines consequences and outcomes.

Manuals for Grades K-6 and 8 contain from 6 to 15 lessons and, for grade 7, 20 lessons. The focus for K-3 students is on good health care practices; nonmedical use of psychoactive substances is introduced at Grade 3. The high school curriculum is in a separate, single manual containing 20 sessions. Lessons can be conducted without any additional materials. In cases where use of a film, video, or other audio-visual material is suggested, alternate lessons are provided that do not rely on any media materials.

Evaluation

The original materials were developed as part of a drug education evaluation study which examined program effects using self-reported drug use surveys. Several outcome studies of the *D-E-C-I-D-E* curriculum at Grade 4 and above have shown positive effects on students' knowledge of and (less consistently) attitudes towards drugs and alcohol. No relevant studies at Grades K-3 have been reported. Only one study measured decision making ability. Statistically significant positive changes in decision making skills were demonstrated among sample students in grades 4-12.

Comments

This curriculum is used fairly extensively throughout California and other areas of the country. It has also been adopted for use in parts of Central and South America.

Materials

Loose-Leaf Grade Level Manuals

K-\$20	5th-\$40
1st-\$25	6th-\$40
2nd-\$25	7th-\$65
3rd-\$25	8th-\$55
4th-\$35	High School-\$75
Workshop Manual for Parents -\$25	
Student Handouts available in Spanish	

Training

Training outlines are provided for general drug/alcohol awareness (1-2 hours); curriculum delivery (3-7 hours); and volunteer training (21-24 hours). Special training events are also offered and technical assistance is available upon request as is parent training and community awareness. The rate for 1-4 hour courses is \$100/hour; \$500/day is charged for courses 5 hours or longer. Mileage charges are figured at .225/mile. Long distance travel and per diem expenses are arranged by assignment.

For Information Contact:

Project Pegasus
800 El Camino Real, Suite 210
Menlo Park, California 94025
(415) 321-3727

Social Thinking and Reasoning (STAR)

Grade Level: 6-8

Developed by: Irvine Unified School District
Irvine, California

General Focus and Description

Assertiveness Skills • Understanding Personality Styles Stress Management

The 30 lessons that are included in this curriculum are organized into three areas:

- *Social or Assertiveness Skills*: How to begin conversations, how to say "no," how to identify passive, aggressive and assertive behavior, and how to handle criticism.
- *Personality Styles*: Recognizing one's own needs and strengths and appreciating differences in others.
- *Stress Management*: Use of stress indicator dots, and how to use specific techniques to manage stress.

Lessons are well-organized, easy to implement and enjoyable for teachers and students.

Activities include discussions, stories, role plays, short worksheets, games and imagery activities.

Evaluation

STAR has been shown to have beneficial and lasting results for middle school students (grades 6-8) in the following areas:

- higher total and academic grade point average
- better classroom behavior and attendance
- improved attitudes toward health
- increased use of assertive skills

Comments

See "GOAL" entry for additional information.

Materials

Materials may be purchased in kit form or individually. (Individual prices are in parentheses.)

Complete Kit—\$190

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| <ul style="list-style-type: none"> – Curriculum (\$70) – 15 Student Workbooks (\$5 each) – Set of Activity Cards (\$18) – Star Video (\$29.95) | <ul style="list-style-type: none"> – Parent Handbook (\$2.50) – Student Handbook (\$2.50) – 6 Classroom Activity Charts (\$12) – 100 Stress Indicator Dots (\$15 per lot of 100) |
|--|--|

Training

One day trainings are offered throughout the United States or at your site for school personnel (teachers, counselors, administrators, etc.), parents or other adults. Cost:

- \$500 plus expenses at your site in California
- \$600 plus expenses at your site outside California

Prices include training manuals.

For Information Contact:

Deborah King
Irvine Unified School District
Guidance Projects Office
5050 Barranca Parkway
Irvine, California 92714
(714) 552-4882

Toward Affective Development

Grade Level: 3-6

Developed by: Henry Dupont
Ovitta Sue Gardner
David S. Brody

General Focus and Description

**Career Development • Communication Skills • Decision Making
Group Cooperation • Self-Esteem**

This curriculum helps children become aware of their feelings and experiences and learn the social skills necessary to work and cooperate with others. Lessons are clearly spelled out and easy to implement, and the activities are varied and enjoyable. The curriculum is arranged in five major sections:

- *Reaching In and Reaching Out*—emphasis of this section is on group interaction.
- *Your Feelings and Mine*—emphasizes the role of feelings, especially in verbal and nonverbal communication.
- *Working Together*—builds on the skills developed in the first section by emphasizing "social collaboration."
- *Me: Today and Tomorrow*—looks at differences among people and introduces students to an awareness of life careers.
- *Feeling, Thinking, and Doing*—helps students to solve problems and make effective decisions.

The teacher's manual contains clear guidelines for conducting the activities and stresses the role of the teacher in modeling the desired behaviors.

Evaluation

Results of numerous research studies suggest that the program is effective in fostering an awareness of careers, increasing awareness of alternatives to psychosocial situations, and fostering affective development.

Conflicting results have been reported on its effectiveness in increasing self-esteem.

No standardized assessment device is currently available for evaluation of *Toward Affective Development* outcomes.

Comments

The program was field tested with children of various ethnic backgrounds.

Materials

Complete Kit—\$275 plus shipping charges

Carrying case available - Stock No. 7622

- Teacher's Manual, 191 lessons, 310 pp.
- Large Illustrations and Discussion Pictures

- Deck of "Shapes" and "Objects" Cards
- Duplicating Masters
- "Career Folders"
- Audio Cassette
- "Feeling Wheels" for each student
- Color Chips
- Posters
- Film Strip

Training

No formal training is required.

For Information Contact:

Marta Fahrenz
Managing Editor
American Guidance Service
Guidance Publications
Circle Pines, Minnesota 55014-1796
(612) 786-4343
1-800-328-2560 (outside Minnesota)

Descriptions of Programs

Youth Empowering Systems

NEAT Family

Parent Educator Program

Project DARE

Project SMART

Skills for Growing

TRIBES: A Process for Social Development and Cooperative Learning

Youth Educator Program

Youth Empowering Systems (Y.E.S.) (formerly called IMPACT)

Grade Level: K-12 – Y.E.S./IMPACT

Developed by: National Training Associates (NTA)
Sebastopol, California

General Focus and Description

This training package is available to help schools develop and implement a comprehensive drug and alcohol abuse prevention/intervention plan by forming a core team and assessing community needs relative to at risk students and adolescent drug and alcohol use.

Each team's plan is unique since it is based upon the identified needs. However, all Y.E.S./IMPACT programs address eight areas or components:

Policy—Existing policy is completely and thoroughly inventoried and analyzed; new policy is developed based on assessed needs.

Education and Awareness—Activities and curricula are designed for students, school personnel, parents, and the community at large to implement.

Prevention—Plans and curricula are developed and adopted after careful identification of the specific social problems facing the school's population. Although the content of the curricula may differ from school to school (depending upon the results of the needs assessment), all teams are encouraged to implement efforts that target the entire K-12 population. Recommended curricula need to be developmentally geared to provide information and skills that are age appropriate.

Identification—The behavioral student norms that have been defined and established on school sites serve as the yardstick by which to identify out-of-norm behaviors. This component stresses a number of behavioral indices of student problems and trains staff in observing, documenting, and confronting students who exhibit out-of-norm behavior.

Intervention—Teams are trained in when and how to intervene with students exhibiting drug or alcohol-related problems. Each team establishes a comprehensive method that ensures confidential handling of each case, as well as collection, verification and maintaining of appropriate records.

Resource and Referral—Community agencies and individuals who can and will provide program assistance and/or treatment for students and their families are identified. Information is provided to demystify the referral process and methods to screen referral option.

Support Groups in the School—Various support groups for students are set up. Y.E.S./IMPACT training participants are given instruction in group facilitation, the recovery process, the relapse process, and how to help students with transition back into school.

Accountability—Participants learn how to collect information regarding program activities, the number of students served, and goal attainment figures.

The Y.E.S./IMPACT training goals and objectives are:

- To increase awareness of chemical dependency and its effects on the individual, the family, the school, and the community;

- To develop an understanding of children of alcoholics and how to recognize and work with these children in the schools;
- To facilitate personal awareness of attitudes, feelings, and expectations as they relate to school programming;
- To increase participants' understanding of family intervention and the use of community resources;
- To increase participants' knowledge of legal issues; and
- To provide participants with the tools necessary to create an effective drug and alcohol prevention program in the school setting.

Evaluation

Several studies have been conducted on the effects of *Y.E.S./IMPACT* training. A demonstration project funded by ADAMHA, Office of Substance Abuse Prevention, found that *IMPACT*-trained teachers were significantly more confident in their substance abuse diagnostic abilities than they were before training or than were teachers in control groups. They also reported more direct involvement with substance abuse prevention teams after training than did control teachers or than experimental subjects before training. Based on post-test assessment, *IMPACT* teachers also appeared to provide more alcohol and drug education to their students than did control teachers.

Currently, another OSAP funded three year longitudinal study is underway which will include student measures as well as measures of teacher behavior and attitudes.

Comments

Y.E.S./IMPACT has received a good deal of support from parents, educators, students, and community agencies. More than 1,000 campuses throughout the continental United States are currently providing prevention and intervention programs as a result of *IMPACT* training.

Materials

Available only to training participants.

- "Youth Empowering Systems" Manual for K-12 schools, 179 pp., spiral bound
- Supplemental materials, e.g., action planning sheets and resource lists

Training

NTA sponsors four 4-day *Y.E.S./IMPACT* trainings each year throughout California and other states. The training costs \$175 per participant and includes manual and training materials.

For Information Contact:

Margaret Holly
Administrative Assistant
National Training Associates (NTA)
Post Office Box 1270
Sebastopol, California 95473
(707) 829-1884

New Experiences in Affection and Trust NEAT Family

Grade Level: 7-12

Developed by: Center for Human Development
Pleasant Hill, California

General Focus and Description

**Mutual Support • Self-Esteem • Survival Skills
Community Service Project • Alternatives to Drug Use**

The *NEAT Family* program is an early intervention service that targets youth at high risk for abusing drugs and/or alcohol, and those beyond the reach of primary alcohol and drug abuse prevention programs.

The goal of *NEAT Family* is to empower young people to establish effective avenues for peer support, peer responsibility, and peer enforcement of positive social norms. This goal is met through weekly support groups for teens, individual and family meetings, recreational activities, youth-run business opportunities, and community service projects—all of which are designed to promote and strengthen drug/alcohol-free life styles for adolescents.

Many of the activities included in the manual as well as in the group norms are based on the *TRIBES* program (described in this section).

Evaluation

Only self-report measures are available. CHD staff surveyed current and former *NEAT Family* members and found that:

- More than three-fourths reported dramatic decreases in drug and alcohol consumption in the first three months;
- Drug and alcohol use reportedly continued to decline and often stopped completely within six months; and
- Participants reported feeling better about themselves and their families as a result of the program.

Materials

Training Manual, under revision, available January 1991.

Training

Cost for the 21-hour facilitator training available to counselors, teachers, and other health care providers is \$300. Reduced fee scholarships available. Technical assistance and consultation available at an additional fee.

For Information Contact:

The Center for Human Development (CHD)
391 Taylor Boulevard, Suite 120
Pleasant Hill, California 94523
(415) 687-8980

Parent Educator Program

Grade Level: K-6

Developed by: Center for Human Development (CHD)
Pleasant Hill, California

General Focus and Description

The *Parent Educator Program* is a comprehensive program designed to have K-6 drug/alcohol prevention curricula team-taught by trained parent volunteers and other interested adults. The program has an explicit "no use" standard for children. It consists of these major elements:

- 21 hours of Parent Educator Training from CHD in which volunteers learn group facilitation skills, up-to-date drug information, important teaching techniques, and how to use the curriculum the school has chosen;
- The *Parent Educator Program* curriculum based on state-of-the-art prevention research and resistance skills, alcohol and drug information, self-esteem, coping and problem solving skills, and decision making skills;
- A prevention resource and curriculum library;
- A day-long annual recertification training for continuing volunteers, as well as optional grade level curriculum workshops to update and expand drug information and other curriculum areas;
- A monthly coordinator's meeting to provide ongoing training and technical assistance to the volunteer coordinators who manage the program at the school sites; and
- Community resources that include speakers and updated literature from such groups as the American Lung Association, the American Cancer Society, the county probation department, the police and sheriffs' departments, and other professionals.

Evaluation

CHD conducted an evaluation of the *Parent Educator Program* and found that it had a positive effect on children's drug-related knowledge and attitudes.

An independent school district evaluation revealed that high percentages of the school administrators, teachers, parents, and students who had been exposed to the program rated it highly. Over 75 percent of the parents responded that the program had either "considerable" or "some effect" on their children's ability to make informed decisions.

To date, no studies have been conducted to measure the program's effects on actual drug and/or alcohol use.

Comments

Since no one curriculum is suitable for every community, the selection of the curriculum is a school site decision. Many schools use lesson outlines developed by CHD, while others use *Here's Looking At You 2000®*.

The United States Department of Health and Human Services recognized the *Parent Educator Program* as a model health-promotion program in 1984 by awarding it the prestigious National Community Health Promotion Award.

There is some research evidence that suggests children's achievement improves when their parents are actively involved in school. In cases where dedicated parents can be recruited to serve as Parent Educators, this program may provide a viable alternative to having teachers present drug/alcohol prevention curricula. However, some teacher involvement is desirable so that concepts taught in the curriculum can be reinforced in "teachable moments" throughout the day.

Materials

Trainers' Manual, (200 pp.) plus handouts, including a prevention resource packet consisting of the most current brochures and pamphlets. Cost included in training.

Training

CHD provides 21 hours of initial training for parent volunteers for \$150 per participant or \$3,750 per training, plus travel and per diem for trainers when applicable.

CHD also provides the day-long annual recertification training for continuing volunteers, as well as optional grade level curriculum workshops to update and expand drug information and other curriculum areas.

Cost of a two-day Training of Trainers workshop is \$350 per participant, plus travel and per diem for the trainers.

For Information Contact:

Jan Markwart
Parent Educator Program Coordinator
Center for Human Development (CHD)
391 Taylor Boulevard, Suite 120
Pleasant Hill, California 94523
(415) 687-8844

Project DARE (Drug Abuse Resistance Education)

Grade Level: K-12

**Developed by: Los Angeles Unified School District and
Los Angeles Police Department**

The Los Angeles Police Department and the Los Angeles Unified School District are cooperating in a partnership to offer *DARE* to students enrolled in elementary, junior high and high schools served by the Los Angeles Police Department.

The program is now operating in 454 Los Angeles schools from kindergarten through 12th grade. A special modified program is also being offered to private and parochial schools in the City of Los Angeles, and a 6-lesson high school curriculum is now being piloted in the Los Angeles area.

Sixty carefully selected and trained frontline officers are cooperating with classroom teachers to instruct students to resist peer pressure to use drugs, build their self-esteem, manage stress, resist pro-drug media messages, and develop prosocial skills to keep them alcohol and drug free.

In addition, officers spend time on the playground at recess and lunch so that students can get to know them; and hold meetings with teachers, principals, and parents to discuss the curriculum and the drug abuse problem.

Evaluation

Independent evaluators from the Evaluation and Training Institute have surveyed students and interviewed principals, teachers and parents. Pre- and post-test scores of a random sample of *DARE* students have been compared to those of a control group.

School personnel report that *DARE* students have negative attitudes about smoking, drinking, and drug use, have more positive attitudes toward themselves and the police, take more responsibility for their actions, and are more able to say "no" to various types of negative behavior as a result of the program. Several teachers and principals indicated they thought many *DARE* students were performing generally better in school.

To determine the accuracy of these perceptions, 10 junior high *DARE* classrooms were randomly selected and a comparison was made between students' previous year academic records and those of the semester they were enrolled in *DARE*. Analyses showed that 50 percent of the *DARE* students increased their grade point average (GPA) during this time—approximately one-third of them by more than half a grade point and 12 percent by a full grade point or more. Additionally, 56 percent improved their cooperation marks, and 43 percent improved their work habits marks. Since poor academic achievement is one of the risk factors involved in substance abuse, these findings are significant.

DARE has also changed parent attitudes through an evening program to teach parents about drugs, the symptoms of drug use, and ways to increase family communication. Before *DARE*, 32 percent of parents thought that it was all right for children to drink alcohol at a party as long as adults were present. After *DARE*, no parents reported such a view. Before *DARE*, 61 percent thought that there was nothing parents could do about their children's use of drugs; only 5 percent said so after the program.

A recent longitudinal study of the program with 8th grade *DARE* students in the Los Angeles Unified School District reported measurable declines in the use of tobacco, alcohol, heroin, and inhalants. The study, however, was not made available on time to be reviewed.

Comments

Several school districts throughout the state, including Los Angeles Unified School District, have incorporated *DARE* into a comprehensive, multi-element prevention project. For example, see Appendix C for a description of the Sanger Unified School District's prevention project.

Materials

- K-2 - 4-lesson curriculum
- 3-4 - 5-lesson curriculum
- 5 or 6 - 17-lesson curriculum
- 7-8 - 10-lesson curriculum
- 10 - 11-lesson curriculum

Approximately \$2 per pupil is spent on student workbooks for the 17- and 10-lesson curricula, classroom materials for teachers, and parent informational materials.

Training

Peace Officers must attend a two-week *DARE* training seminar to become instructors.

There is no cost for the training which is certified by the Commission on Peace Officer Standards and Training (POST) under Plan Four.

For Information Contact:

Dr. Ruth Rich
Los Angeles Unified
School District
450 North Grand Avenue
Los Angeles, California 90012
(213) 625-6411

or

Captain Michael J. Bostic
Los Angeles Police Department
D.A.R.E. Division
3313 San Fernando Road
Los Angeles, California 90065
(213) 485-4856

Project SMART (Also known as Projects STAR and I-STAR)

Grade Level: 6-8

Developed by: Institute for Health Promotion and Disease Prevention Research (IPR)
University of Southern California, Pasadena, California

General Focus and Description

Refusal Skills • Drug Information • Social Influences

SMART, which originally consisted of an 10-session curriculum developed at University of Southern California, has been expanded into a comprehensive community-based drug prevention program. This expanded effort, known as the Midwestern Prevention Project (and as STAR and I-STAR, respectively, in metropolitan Kansas City and the greater Indianapolis area), consists of the following elements, with each program component following in stepwise progression:

- School-Based Curriculum. The core of the program is still the curriculum which now consists of 13 sessions the first year and five "booster" sessions the second year. Sessions focus primarily on the development of resistance skills, and include lessons to correct misperceptions and provide accurate drug information as well as information about social influences such as family and media.
- Parent Program. This component, added during year two of the project, is designed to actively involve parents in drug abuse prevention. Each school forms a parent group that reinforces the school-based program, actively works with all parents to disseminate information about SMART and undertakes activities to promote a drug-free environment in their community.
- Community Organization. During year three, community leaders are trained in resistance skills and drug abuse prevention strategies that can be disseminated throughout the staff and clients of extant community agencies and worksites. Drug abuse prevention task forces are then formed that represent all segments of the community. These task forces work within their organizations to support the program through the development of mass media campaigns, community events, special training sessions, and award ceremonies for project participants.
- Health Policy Change. Social policy change strategies are introduced during year four. This involves working with city and county governments to actively promote healthy living environments.
- Mass Media. Mass media coverage is a continuing component of the program throughout all years. In year one, press kits are developed which outline the program for media reporters, and commercials are developed for use in subsequent years. In year two, a five-segment prevention program is developed that is designed to air during the 6 o'clock news hour. Subsequent years include the use of student-developed video contests, monthly video magazines, and 30-minute and one-hour feature programs.

Evaluation

Project Smart has been shown to be effective in reducing adolescents' use of marijuana, alcohol, and cigarettes. Results of a three year study of the Midwestern Prevention Project indicate significant differences between program and control groups in drug use. The prevalence of drug use typically increases from sixth to ninth grade. During this period, however, program groups were increasing in monthly drug use prevalence rates at an average of half the rates of control groups at one year follow-up for cigarette, alcohol, and marijuana use. Effects were similar for weekly rates and were maintained at two year follow-up. Analysis of

parent data at one year follow-up were also encouraging, indicating that program parents rated prevention practices and parent involvement in prevention programs as extremely important, they discussed prevention with their children, and their self-reported use of alcohol in the last week was lower than that of controls.

Comments

The current version of *Project SMART* is considerably more comprehensive than the original curriculum. The developers appreciate the importance of a broad-based prevention effort and encourage schools and communities to implement the entire program rather than just the curriculum where possible.

Project SMART has been adopted by Kansas and Missouri as the model junior high prevention program. In addition to being used extensively in the greater Kansas City and Indianapolis areas, the program is currently used in seven contiguous counties in Indiana, in Maryland, and (in an adapted version) in the greater Los Angeles area.

Materials

Loose-Leaf Teacher's Manual, 211 pp. for Part I (excluding the student workbook which is included), 127 pp. for Part II.

Student Workbooks, for Part I and Part II, \$2.50 each for additional copies

Parent Program Manual, 211 pp.

Parent Skills Workbook, 42 pp.

Materials are included in the cost of training. Additional or review copies of Teacher or Parent manuals can be purchased for \$75 each. A limited number of copies are also available on a brief (24-36 hour), no-fee loan basis.

Training

For Part I:

\$500 per teacher for 2-day training on-site, including curriculum guide materials.

For Part II:

\$250 for teacher for 1-day training on-site, including curriculum guide materials.

For Parent Program:

\$2,000 per school for 1-day training for up to six persons on the parent committee, including parent program manuals.

For all trainings, transportation and per diem costs for trainer(s) will be negotiated with each site.

For Information Contact:

Administrator of Preventive Services
Institute for Health Promotion (IPR)
and Disease Prevention Research
University of Southern California
35 North Lake Avenue, Suite 200
Pasadena, California 91101
(818) 405-0472

Skills for Growing

Grade Level: K-5

Developed by: Quest International
Granville, Ohio

General Focus and Description

Self-Concept • Communication and Other Social Skills Thinking Skills • Drug Information

Lions-Quest *Skills for Growing* (SFG) is a comprehensive primary prevention program for grades K-5 that brings together parents, educators, and members of the community to teach children important life and citizenship skills within a caring and consistent environment. The program teaches skills in four main areas:

- Self-discipline
- Responsibility
- Good judgement
- Getting along with others

Skills for Growing includes five components:

Classroom Curriculum. At each grade level, there are five distinct units with a total of 27-30 week long lessons that are designed to reinforce social and academic skills in the areas of language arts, social studies, health, and guidance. Also provided is a step-by-step process for planning and implementing school or community service projects.

Positive School Climate. *Skills for Growing* offers many different ways to improve school climate by involving the school and community in positive activities and events related to the program goals and curriculum themes.

Parents as Partners. Parents are invited to play a vital role in shaping the program by participating on planning teams, carrying out activities at home with children, and attending a series of meetings about key parenting issues.

Community Involvement. Bringing the school and the community closer together in a spirit of cooperation is an important program goal. *Skills for Growing* provides involvement, including student participation in community service projects and many ways for members of the community to have direct input into the program.

Training and Follow-Up Support. As with the other Lions-Quest programs, training is an integral part of *Skills for Growing*. An initial three-day training workshop is provided for each school's Implementation Team, which consists at minimum of the principal or other key administrator and two teachers but may also include parents, community members, and even the entire staff. Quest provides follow-up consultation and training as needed.

Evaluation

Extensive evaluation data were gathered during two pilot studies conducted from 1987-1989. Although rigorous outcome data are not yet available for the program, some positive conclusions can be drawn:

- The curriculum has been well received by teachers. The units and lessons are attuned to the style of elementary teachers, the interests and needs of students, and the structure of schools and classrooms.
- Post tests comparing SFG students with comparison groups suggest students are learning the skills and concepts taught in the curriculum and are achieving the unit goals and lesson objectives. Teacher responses to questionnaires support these conclusions.

- Parents of SFG students endorse the goals of the program and see important changes in their children as a result of it: About 45 percent see improved communication, dependability and sense of family responsibility; about 85 percent see more awareness of drug use consequences; and about 60 percent report increased parent involvement in their child's learning.

Comments

This program is unique in its comprehensive coverage of the two major areas of a child's life—the world around the child and world within the child. A more positive home, classroom, school, and community (that is, the world around the child) results when children are exposed to consistent expectations of appropriate behavior, opportunities to practice positive behavior, caring adults, physical and emotional safety, and reinforcement for positive behaviors.

The world within the child is affected positively by instruction in 1) thinking skills (solving problems, thinking critically, making decisions, and setting goals) and 2) social skills (appreciating and respecting others, building positive relationships with friends and family, listening and communicating effectively, asserting oneself, and taking responsibility). Instruction also provides children with developmentally appropriate information related to their health and well-being, including information about alcohol and other drugs at all grade levels, K-5.

Materials

Skills for Growing materials are available only to people who participate in the program's three-day training workshops, which are held regularly throughout the country. Materials include:

- Curriculum Guides, one per grade level, K-5 (\$60 each for additional guides)
- *Together Times*, the student-family activity booklets that accompany the Curriculum Guides; 5 per grade level; 12-16 pages each, full color. (\$3.50 for each additional 5-booklet set)
- *Positive Leadership in Skills for Growing: A Guide for Administrators* (\$15 for each additional copy)
- *Creating a Positive School Climate: A Guide for School Climate Committees* (\$5 each for additional copies)
- *The Family Connection: A Guide to Leading Parent Meetings*; (\$15 for each additional copy)

Training

An initial one-time Implementation Team, consisting (at a minimum) of the principal or other administrator and two teachers, from each participating school attends a three-day introductory training workshop. Workshops are held at various sites across the country; the cost (including tuition and two classroom sets of materials) for a three member team is \$1275. Additional teaching staff are trained for \$225 each. Arrangements can also be made for locally sponsored workshops at a greatly reduced rate.

To obtain follow-up support and consultation, program participants may use Quest's toll-free number to talk with trained Quest staff members.

For Information Contact:

Quest International
537 Jones Road
Post Office Box 0566
Granville, Ohio 43123
1-800-446-2700

TRIBES: A Process for Social Development and Cooperative Learning

Grade Level: K-12

Developed by: Center for Human Development (CHD)
Pleasant Hill, California

General Focus and Description

**Communication and Other Group (Social) Skills • School/Classroom Climate
Self-Concept • Decision Making**

TRIBES is a process with activities intentionally designed to build self-esteem, responsible behavior, and academic achievement. It is a practical and effective process for people (any age) to work together in peer groups. It utilizes small structured peer groups—"Tribes"—that, over a period of time, help to:

- Create a supportive, cooperative environment for growth and learning;
- Build students' self-esteem, a sense of belonging, caring, trust and respect for self and others;
- Include all students in classroom activities and teach communication, problem-solving and decision-making skills;
- Develop an appreciation of individual differences; and
- Encourage the transfer of responsibility from teachers to groups to individuals.

A teacher begins to implement *TRIBES* in a classroom by establishing, with student participation, a set of simple ground rules that helps to create a safe, positive environment. Initially, time is spent in full group activities, diads, triads and small groups. When it seems appropriate, the class is divided into groups of five or six students that remain constant throughout the year. Within each group, members are encouraged to support and take responsibility for each other as they participate in a variety of group and individual activities that focus on trusting, sharing, being assertive, cooperating, and being comfortable with oneself. The group structure is excellent for dealing with subject matter/curricula of all kinds.

The manual provides instructions and activities so that the program can evolve uniquely and continually in each classroom.

Evaluation

Evaluations of *TRIBES* have shown that it has a positive effect on students' self-concepts and attitudes toward school. The most striking results have been found in primary-level children, where there has been evidence of decreased disruptive behavior and greater academic achievement.

Comments

TRIBES is used in over 20 states and have been adopted as a primary prevention program by the National Institute on Drug Abuse.

Applications of *TRIBES* have been developed for a variety of settings other than schools (e.g., preschools, day care/after-school care centers, parent groups). These are delineated in the new edition of the manual.

Materials

Paperback Manual, 250 pp. (\$19.95)

Promotional Videotape (\$20 rental or \$50 purchase)

Training

CHD provides a 30-hour in-service training workshop for teachers, counselors, administrators, and parents at a cost of approximately \$300 per participant at the Center for Human Development. Travel and per diem added for the trainer if out of the area.

CHD also provides a four-day Training of Trainers workshop for people who have already participated in the initial training program, at the cost of \$600 per participant at CHD. Travel and per diem added for the trainer if out of the area.

For Information Contact:

Ticka Simon-Rossetto
Project Director
Center for Human Development
391 Taylor Boulevard, Suite 120
Pleasant Hill, California 94523
(415) 687-8844

Youth Educator Program

Grade Level: 11-12 – Youth Education
6-8 – Recipients

Developed by: Center for Human Development (CHD)
Pleasant Hill, California

General Focus and Description

Social Pressures • Refusal Skills • Decision Making
Coping Skills • Self-Esteem
Consequences of Drug and Alcohol Use

The *Youth Educator Program* is a school-based primary prevention program that uses trained high school students, called Youth Educators, to deliver a seven-session drug and alcohol prevention curriculum to junior high school students. As role models for alcohol/drug-free life styles, Youth Educators are able to exert positive peer pressure to encourage and reinforce healthy behaviors in younger students.

The curriculum taught by the Youth Educators is based on state-of-the-art prevention research and is specifically designed to strengthen the skills and abilities of 7th and 8th graders to successfully resist peer pressure to use drugs. Other areas covered in the curriculum are accurate drug/alcohol information, clarifying values regarding drug use, building decision-making skills, and self-esteem.

Youth Educators also team up with parents and individuals from community agencies to plan and conduct workshops for junior and senior high school students and their families. These workshops are aimed at improving family communication skills and awareness of drug and alcohol effects on the family.

Originally designed by CHD as a demonstration model of peer teaching, the *Youth Educator Program* has matured to a "training model partnership." In the beginning stages of development, CHD program staff took responsibility for program coordination and training of Youth Educators. Currently, CHD trains community volunteers and school personnel (called area coordinators), to implement the program and to recruit and train high school students.

The training of the coordinators includes implementation information, group development training, drug and alcohol information, techniques for teaching refusal skills, and guidelines for working with teens.

The training of the Youth Educators consists of 25 hours of core curricula that includes group process and facilitation, classroom management, referral skills, drug information, education and prevention philosophy, and self-concept enhancement. Additionally, 2 hours each week are spent practicing and debriefing while the youth educators are teaching in the classroom, for a total of approximately 40 hours of training.

Evaluation

Long-term effects and behavioral measures have not been evaluated. However, the self-reports of the junior high students and Youth Educators are positive:

- 77-83 percent of junior high students have found the program helpful in answering questions about drugs and alcohol, making decisions about drug use, and resisting pressure to use drugs.
- Overwhelming majorities of junior high students report that the program will help them say "no" to cigarettes (76%), alcohol (69%), marijuana (83%), other things besides alcohol and drugs they did not want to do (81%), and getting into a car with a drinking or drugged driver (91%).

- Youth Educators consistently report that participation in the program has enhanced their self-confidence and given them a sense of accomplishment and connection to the community. They also report that they feel stronger in their own values regarding drug and alcohol use.

Pre- and post-tests for knowledge were also administered to about 1,200 7th and 8th graders. The average number of items answered correctly increased from pre- to post-tests at both grade levels, with 7th graders' scores improving much more than those of 8th graders. This suggests that 7th grade may be a critical time for this kind of program to be presented. (Research findings generally support this assumption).

Complete evaluation documents for 1982-1985 are available through the California Department of Alcohol and Drug Programs and the Center for Human Development.

Comments

The *Youth Educator Program* has achieved statewide and national attention as model prevention strategy. It received the Community Health Promotion Award from the California Department of Health Services and received community recognition from service clubs, including the J.C. Penney Golden Rule Volunteer Award. It has also been highlighted at numerous conferences.

Even though the program has not been proven to reduce the incidence of drug and alcohol abuse among junior high students, research has consistently supported using teen leaders to present drug and alcohol prevention curricula to young adolescents. If well trained and supervised, it is likely that Youth Educators would be more effective than classroom teachers with this particular age group.

Materials

Youth Educator Trainer's Manual, 250 pp. (\$25 each)
Seventh Grade Curriculum Manual, 7-session (loose-leaf; \$15 each)
Eighth Grade Curriculum Manual, 7-session (loose-leaf; \$15 each)
Classroom Handouts
Enhancement Packet for Middle School Classroom Teachers
Implementation Packet

Training

The three-day training of Area Coordinators is held at CHD Pleasant Hill offices. For schools within Contra Costa County, the fee is \$200 per person. For schools outside the county, the cost is \$300 per participant. Special on-site trainings may be arranged.

For Information Contact:

Kate Savannah, M.S.W.
Associate Director
Center for Human Development (CHD)
391 Taylor Boulevard, Suite 120
Pleasant Hill, California 94523
(415) 687-8844

SECTION 3

Descriptions of Multi-Element Projects

Peer Assistance Leadership

San Juan Unified School District's Substance Abuse Prevention Project

MULTI-ELEMENT PROJECTS

Criteria for Inclusion

Two multi-element projects are described in this section: the Orange County Department of Education's Peer Assistance Leadership (PAL) Project and the San Juan Unified School District's Substance Abuse Prevention Project. These particular projects were chosen for in-depth descriptions because of their comprehensiveness and because they illustrate very different approaches to the problem of adolescent substance abuse. They also represent efforts of two different organizational structures—a county department of education, and a school district.

It was not possible to apply the criteria used to select curricula and programs for inclusion in this publication to multi-element projects, nor to include them on the table. First, projects are developed to meet the unique needs of the schools/communities which they serve. Thus, their elements, though "available to the public," may or may not be transportable to another community. Second, by definition, all multi-element projects are ongoing.

Other multi-element projects are described in less detail in Appendix C.

Peer Assistance Leadership (PAL)

Grade Level: K-12

General Focus and Description

Peer Counseling • Peer Resistance • Self-Esteem

PAL is a comprehensive drug abuse prevention project that addresses the underlying causes of substance abuse. Its unique features include 15 years in research and development, 8 years of successful implementation, and a countywide network of school, parent, community, and business organizations. The keys to the success of *PAL* are to be found in the extensive use of faculty and parent volunteers, the cultivation of local ownership to insure program continuation, and the dynamic empowerment of a positive peer-to-peer approach.

The *PAL* project has five major components:

1. The elementary school component consists of:
 - **Project Self-Esteem:** Teams of parent volunteers teach 9 to 12 lessons a year to students K-6.
 - **Peer Assistance Club:** Selected, specially trained 5th and 6th grade students provide positive role models and friendship to new and troubled peers.
2. The middle school component consists of:
 - **STAR:** Up to 50 lessons a year are provided by 7th-9th grade classroom teachers on assertiveness, communication, stress management, and peer resistance skills.
 - **Peer Assistance Club:** Selected, specially trained students provide positive role models and conflict management to new and troubled peers.
3. The high school component consists of:
 - **Peer Assistance Training:** Two faculty volunteers teach positive, caring, listening skills, an understanding of school and community referral resources, and procedures for helping a fellow student use these resources.
 - **Outreach:** Following the training, an outreach process is selected which may include peer tutoring, sociodramas, student orientations, classroom presentations, rap centers, or other such activities.
4. The community component consists of:
 - **The Substance Abuse Prevention Network:** The network fosters coordination among the youth-oriented substance abuse agencies and organizations. Monthly meetings are held to share resources, communicate needs, and jointly plan activities.
5. The business and industry component consists of:
 - **The Corporate Advisory Board:** Its function is to create a broad-based awareness of the *PAL* project, to lend the support of the various organizations represented to substance abuse prevention, and to assist in program planning and development.

When possible, intervention training for teachers and family wellness seminars for parents are conducted as supplements to *PAL*.

Evaluation

Past evaluations have reportedly demonstrated significant reductions in behavioral problems, absenteeism and substance abuse, and have demonstrated measurable increases in academic performance and attendance.

Evaluation reports were not reviewed for this publication.

Comments

PAL has the involvement of teachers and students in 270 (or over half) of the public schools in Orange County.

Business leaders in over 60 major businesses and professional staff, police and parents in over 87 agencies and organizations are also involved.

Over 35,000 students have been trained in prevention/intervention skills.

Over 4,000 teacher and parent volunteers have been utilized.

Over 40,000 troubled peers have been provided with peer-to-peer assistance.

PAL has received recognition and awards from the National Council on Alcoholism, the Disneyland Foundation, TRW, American Honda, the County and State PTA, KOCE-TV, the California Department of Education, the California School Boards Association, and the National Institute on Drug Abuse.

Because of its use of parent volunteers and peers, *PAL* is one of the least expensive and most effective multi-element projects. The annual cost per student has been 80 cents.

Training

The Orange County Department of Education offers training and consultation to schools interested in implementing peer-to-peer approaches:

- One-day orientation presentations at your site - \$300 plus expenses
- One-day coordinator/advisor leadership training at your site - \$2,000; at Orange County Department of Education - \$300
- One-day follow-up consultation at your site - \$300 plus expenses

There is also a growing National *PAL* Network. The model and training are equivalent to that offered by the Orange County Department of Education. (See "For More Information Contact" section.)

Materials

For the Elementary School Level:

Project Self-Esteem: A personal/social skills curriculum for students K-6. Taught by teams of parent volunteers or adaptable for teacher use. (\$35)

Contact: Bradley Winch, J.D., Ph.D.
Jalmar Press
45 Hitching Post Drive, Building 2
Rolling Hills Estates, California 90274
(213) 547-1240

For the Middle School Level:

STAR Curriculum and Kit: A social skills curriculum of 50 lessons for 6th-8th graders. (See Section 1 of this chapter for information.)

For the High School Level:

Curriculum Guide for Student Peer Counseling Training: Fifteen lessons and eighteen appendices. (\$10)

Real Friends: A book young people can read and use for self and peer facilitation. (\$9)

Contact: Barbara B. Varenhorst, Ph.D.
Palo Alto Peer Counseling Program
350 Grove Drive
Portola Valley, California 94025
(415) 851-8001

Caring and Sharing: Becoming a Peer Facilitator: A student handbook for learning helping skills. (224 pp.; \$7.95)

Youth Helping Youth: A Handbook for Training Peer Facilitators: A leader's manual for teaching helping skills. (200 pp.; \$7.95)

Contact: Educational Media Corporation
Box 21311
Minneapolis, Minnesota 55421
(612) 636-5098

For Information Contact:

Fran Tiveron
PAL Director
Orange County Department of Education
200 Kalmus Drive
Post Office Box 9050
Costa Mesa, California 92628-9050
(714) 966-4327

For the National PAL Network Contact:

Bert K. Simpson, Ph.D.
Post Office Box 3845
Lake Isabella, California 93240
(619) 379-5397

San Juan Unified School District's Substance Abuse Prevention Project

Grade Level: K-12 – plus services
for staff, parents and community members

General Focus and Description

Awareness • Attitudes • Behavior

Seventy separate substance abuse prevention and intervention programs and services are provided to students, staff, parents, and the community. Key elements also include early identification, referral, reentry, and ongoing support.

The San Juan Unified School District has successfully established and maintained this project since 1980. Recognizing the need for a broad-based school-community approach, the superintendent established a Task Force on Student Delinquency and Drug-Alcohol Abuse in January 1980.

The task force conducted community town hall meetings, traditional paper and pencil surveys and interviewed 52 school and community leaders to better understand and define the problems, needs, existing programs and services, and to formulate meaningful recommendations.

During the 1983-84 school year, the superintendent established a Parent Advisory Committee on Alcohol and Youth. This committee validated all of the original task force recommendations and made additional recommendations that addressed the needs of students and families who were already involved with drugs. Several programs that provide for the early identification, intervention, referral and reentry of chemically involved students have been developed and implemented as a result.

The major elements of this project are:

1. CURRICULUM

- **A, B, Cs of Prevention:** K-3 prevention curriculum focusing on attitudes, behaviors, coping skills, stress reduction, personal safety, self-esteem, etc.
- **DIS'N DAT (Designated Instructional Services in Drugs, Alcohol, Tobacco):** 4th-6th grade prevention curriculum focusing on decision making, peer pressure, self-esteem, feelings and drug/alcohol information.
- **Skills for Adolescence:** 7-8th grade prevention curriculum. (Section Section 1 of this chapter for complete description.)
- **Here's Looking at You, 2000:** Prevention curriculum conducted in most 7th and 10th grade health education classes. (See Section 1 of this chapter for a complete description.)
- **Physical Education Mini-Units on Substance Abuse Prevention:** 8th-9th grade prevention curriculum focusing on substance abuse, athletics, and fitness.

2. PREVENTION/INTERVENTION

- **Youth Leadership:** Several training events are sponsored for elementary, middle, and high school students to improve their effectiveness as leaders in their school site clubs/groups.
- **Parents and Children Together (PACT):** Parents and children in 4th grade participate in classes that promote improved study skills and parent-child communication.
- **Parent Information Nights:** Programs for parents of "high risk" students in K-6th that focus on parenting strategies and school-community resources.

- **Just for Kids:** A K-6th grade program that identifies high-risk students and provides one-to-one "special time" with a trained paraprofessional counselor. Modeled after the successful Rochester, New York, Primary Prevention Program.
- **Just Say No Clubs:** K-6th grade program where students play a leadership role in getting the word out that they must just say "no" to drugs/alcohol and that friends take care of friends.
- **Prevention/Intervention:** 9th-12th grade small group classes offered at most continuation high schools. They are co-facilitated with mental health professionals and focus on problem solving, self-esteem, drug/alcohol information, communication, and goal attainment.
- **Students Reaching Out:** 9th-12th grade trained peer leaders make presentations and facilitate classroom discussions with 4th-8th grade feeder school students on decision making, peer pressure, refusal skills, and drug/alcohol information.
- **Friday Night Live/Students Against Drunk Driving:** 9th-12th grade program at all high schools with student body assemblies and formation of SADD.
- **Youth Advisory Council on Substance Abuse Prevention:** Student and faculty representatives from over 20 student groups addressing substance abuse prevention issues meet monthly to share ideas, address problems, plan districtwide campaigns, and receive in-service training.
- **Developing Capable Young People:** A 20 hour parent/teacher education program developed by Dr. Stephen Glenn.

3. STUDENT ASSISTANCE

- **Student Assistance Program:** Provides staff in-service training to all school-site personnel on signs/symptoms, documentation and referral procedures regarding high-risk students. The program also provides for Pre-Assessment Teams that receive intensive chemical dependency issues training. Student support groups are offered for recovering students, concerned others, "high risk" students who need life skills, and students who have ongoing chemical dependency problems and need insight into their behavior.
- **CHARGE (Changing Habits and Reading Goals in Education):** A 90-day intensive transitional class for students returning from chemical dependency treatment programs who have made a commitment to sobriety and are resuming their academic program.
- **District Solutions Committee:** A group of key managers representing all major departments and divisions meet weekly to assist students returning to the district following an extended absence.
- **Children of Alcoholics:** Trained counselors and nurses establish an informational, support and referral system for elementary students who come from homes where substance abuse is a problem.
- **Peer Helping Program:** Based on the successful Palo Alto Peer Helping Program, trains faculty advisors to train student teams in 15 week sessions.
- **Student Awareness System:** A computerized telecommunications system for those seeking specific information regarding drugs/alcohol or other health issues.

4. COMMUNITY

- **Adopt-A-Kop:** Local, state and federal law enforcement officers spend a minimum of 2 hours per month in assigned classrooms. Emphasis is on establishing positive relationships between "at-risk" youth and positive role models.

- **BASE (Businesses Actively Supporting Education):** Local business and professional people serve as mentors to at-risk high school students.
- **People Reaching Out:** A nonprofit community-based organization that uses trained paraprofessional volunteer counselors who work closely with schools.
- **Community Forums:** Monthly community forums feature guest presenters from throughout the nation who speak to audiences ranging from 50-500 parent/community members.
- **Annual Drug-Alcohol Awareness Week:** "Dare to Care," "We're All in This Together," "I'm Somebody" and "We All Make a Difference" are Awareness Week themes for the Sixth Annual Awareness Week which include intensive programming in schools and community. Activities include bumper sticker contests, special speakers, marches and rallies.

5. EMPLOYEES

- **Employees Handbook on Substance Abuse Prevention:** A printed document used in staff in-services describes signs/symptoms, "What if" situations, legal issues, and school-community resources.
- **Employee Assistance Program:** A program for district employees and their families, many of whom are experiencing chemical abuse problems.

6. DISCIPLINE

- **Uniform Policies and Procedures:** The Board of Education established uniform and consistent policies related to drugs/alcohol. Expulsions for furnishing and sales skyrocketed initially, but have gradually declined from 300 in spring of 1985 to 82 in fall of 1987.
- **PIECES (Prevention/Intervention Education Classes for the Enlightened Student):** 4th-12th grade program for students who violate school district drug/alcohol policies for the first time and others who would benefit from life skills instruction.

Evaluation

The district conducts an annual survey of all 7th and 10th graders, the two grades where the health curriculum focuses the most on drugs/alcohol. Drug-specific measures include knowledge, attitudes, and self-reported use. Behavioral measures are also gathered. Suspension data show a significant reduction (by about half) in the number of substance abuse-related offenses.

As a result of the Superintendent's Select Committee's review of the elements of the project in the first issue of this publication, some new efforts have been implemented and a few elements have been discontinued. The project now has a stronger student assistance focus than when previously reviewed. Currently, the Select Committee is focusing on policy development. A similar group has been reconstituted every two or three years since the project's inception, thus providing for ongoing process evaluation.

Comments

Among the important elements of San Juan's project are administrative leadership and interagency cooperation.

The school district employs a full-time District Coordinator of Substance Abuse Prevention Programs. This position is essential to creating and carrying out these comprehensive programs.

Interagency cooperation includes the establishment and maintenance of positive relations with local agencies, organizations, groups, and businesses. It is an important way for the district to maximize its limited resources to address these problems.

Materials

All curricula have manuals; descriptive materials have been developed for other elements of the project.

Cost

\$350,000 per year for 47,000 students (\$225,000 from general funds; \$125,000 from federal sources).

For Information Contact:

Michael Koerner
District Coordinator
Office of Substance Abuse Prevention
San Juan Unified School District
5330 A Gibbons Drive
Post Office Box 477
Carmichael, California 95608

CHAPTER 4

A Case Study: Pajaro Valley Unified School District

INTRODUCTION

In developing this publication, the Office of the Attorney General asked each school district in California to submit a copy of their drug and alcohol abuse policy and procedures and to identify prevention curricula and problems for possible inclusion in this guide. A school district was selected to serve as a case study in the guide.

Pajaro Valley Unified School District: A Comprehensive Approach

The Pajaro Valley Unified School District (PVUSD) was identified as being an example of a district with a comprehensive approach to alcohol and drug use. This includes a prevention component, a proactive intervention/student assistant component, a parent component, law enforcement partnership, school/community training component and a chemical policy and procedures document.

PVUSD in Santa Cruz County has a total enrollment of 15,567 students in 15 elementary schools, four middle/junior high and three high schools, one of which is a continuation school. Fifty-six percent of the student body is Hispanic.

In 1984, the Office of Criminal Justice Planning's Suppression of Drugs in the Schools Program funded PVUSD in partnership with the Watsonville Police Department, their local law enforcement agency, to establish a comprehensive drug prevention/suppression program. The foundation for their comprehensive program was laid by developing a model school district policy. The following will provide you with excerpts from the policy and descriptions of this program.

It shall be the policy of this district to continually seek the cooperation, advice and counsel of the courts, law enforcement agencies, medical, mental health and other professional agencies which are involved in the drug abuse problem in order to ensure a communitywide, cohesive and comprehensive reaction to this problem. The basic policy of this district is to confront the problem of drug abuse in three ways: prevention, intervention and control on campus. Drug abuse prevention includes education, in-service staff training, and community awareness.

—Section 5410 of the Chemical Policy
Pajaro Valley Unified School District

1. Prevention Education

Instruction in all grades regarding the effects of alcohol, narcotics, hallucinogens, and restricted dangerous drugs shall be a part of the basic curriculum adopted annually by the Governing Board. In addition to the basic curriculum, special efforts will be made to involve reputable community agencies in planning substance abuse programs for students, staff and parents. (Chem. Pol., 5410.11.)

Curriculum is key in the district's prevention plan. Every student from K-12 is exposed to *Here's Looking at You, 2000*® curriculum with age-appropriate material. PVUSD adapted *Here's Looking at you, 2000*®, and translated this curriculum into Spanish. All students including those speaking Spanish, are assured a comprehensive and interactive learning experience.

PVUSD's prevention curricula all emphasize "refusal skills, decision making and positive self-concept" and include "solid, current and accurate information about drugs and the consequences of chemical abuse." Specially trained older students and police officers both have roles in presenting aspects of the prevention curricula.

The quarterly *Prevention Connection* newsletter goes out districtwide to all staff and to an ever growing "upon request" mailing list. The development, the successes and insights of this comprehensive program are reflected in this newsletter. All staff are kept current on research, resources and upcoming events. Recognition to students, parents, law enforcement, teachers and all our "Partners in Prevention" are showcased in *Prevention Connection*.

Involving students in the district's effort takes place in "peer leadership" for classroom presentations, as members of the Students Against Drunk Driving Clubs in the high schools, and as representatives on the district's Suppression of Drugs in the Schools Advisory Board. Students organize drug free awareness education events, and serve as delegates to conferences.

An annual "Make It to Your Future" campaign is scheduled cooperatively by students, schools and law enforcement at prom and graduation time. Our student newspapers and student participation on local television and radio ensures that kids get the prevention message out to other kids! This message includes an understanding of school policy, the services of the school based student assistance program, accurate alcohol/drug information, and the physical and legal consequences of drug use.

Parents are the school district's partners in prevention and early intervention. The "Safehomes Network" has over 700 families who have signed a pledge that social events for students in their homes will be alcohol and drug free and chaperoned. Each Safehome member receives an annually updated membership directory.

Parent education programs are designed based on their stated needs, requests and evaluations. This results in small group Parent Skill Building Sessions, Parent Education School Nights, and an annual Family Education Series.

The annual "Developing Drug-Free Youth" family education series has grown in four years to 1,000 parents participating. Aptos Community Connections, one of two highly motivated parent/public awareness organizations in PVUSD, sponsors this successful series.

2. Intervention

Schools have an obligation to provide early identification and intervention in student drug use. A school-based intervention system will be maintained to provide this service. (Chem. Pol., 5410.33.)

District Policy calls for confrontation and specifies early identification and intervention as a means to return the student to full academic participation and at the same time improve the school climate.

A districtwide intervention referral network and early warning system allows staff and students to observe, act and make referrals to the school-based student assistance program.

In the first two years of the school-based student assistance program, 1,600 students benefited from on-campus groups and education services. Student Assistance Groups are facilitated for three types of referrals: mandatory, self referral, and staff or parent referrals. Participants are given information to help them revise behavior patterns, learn about peer pressure and how to create a positive life style free of alcohol and drugs.

Mandatory referrals—students assigned by administrators for violation of the district's Chemical Policy average 20 percent of the school year total. The majority of referrals are made by students for themselves or for their friends. The next largest referral source is from concerned teachers and school staff.

Occupying a central role in PVUSD's intervention efforts is the district's Student Assistance Specialist. This Specialist conducts assessments of students known or believed to have drug problems, trains and supervises masters level counselor interns who are located at each school site, and assists in training school personnel in the identification of the symptoms and characteristics of students at risk.

This program works closely with parents to educate them about chemical abuse and to strengthen parenting skills. Parents whose children are apprehended under the influence of alcohol and drugs are notified and called in for a meeting with the Student Assistance Counselor for the following day. The Student Assistance Program also provides referral assistance to appropriate community agencies.

3. Control on Campus

Alcohol or other chemicals of abuse cannot be tolerated on campus and a written agreement concerning the involvement of police in the schools will be developed between the schools and appropriate law enforcement agencies. Possession, use, or distribution of such substances at school or school

functions will result in the approved intervention process or in serious disciplinary action. (Chem. Pol., 5410.2.)

If a PVUSD student is suspected of drug involvement or is believed to be selling or distributing drugs on campus or at school-sponsored functions, there are approved intervention and disciplinary processes to be followed. The procedures clearly articulate who is responsible for each step in the process, when it is necessary to notify law enforcement, and what happens to the student.

A separate section of the PVUSD policy establishes standards of conduct for students who are involved in leadership positions in sports or extracurricular activities. For these students, violations of district alcohol and drug policy may have an additional penalty—ineligibility from participation in athletic competition or extracurricular activities for a set period of time. If such a violation occurs, a student does remain on a sports team and continues to practice.

This policy illustrates the components of a comprehensive drug and alcohol abuse prevention program—prevention, intervention and discipline (control on campus). These three essential components are coupled with policy that fosters school and community cooperation—an essential element in the ultimate success of any school-based prevention effort.

Comments

District personnel are pleased that through the past five years the availability of Prevention and Intervention/Student Assistance services has greatly increased proactive assistance to students before serious problems with school authorities arise. During the school year (1984-1985), prior to the Intervention/Student Assistance Program, there were 28 expulsions related to alcohol and drug incidents, while in the school year 1987-1988 there were only two expulsions related to alcohol and drugs.

By having Intervention/Student Assistance services at the school site, they are conveniently available to those who need them, and insure that appropriate follow-up measures are in place. In turn, the consistent follow up gives an added dimension to school safety and to confidence in improving the school climate.

A copy of the complete PVUSD policy can be found on the following pages.

For Information Contact:

Linda Perez, Coordinator
Pajaro Valley Unified School District
Alcohol and Drug Program
Post Office Box 630
Watsonville, California 95077
(408) 728-6445

Pajaro Valley Unified School District

Alcohol and Drug Use Administrative Procedure

(AP 5410.2)

The administration shall practice the following procedures relative to student drug use or abuse on school property or wherever the student is under the jurisdiction of the schools. Provisions of this procedure shall apply to all violations described in Section 48900 of the California Education Code: "Unlawfully possessed, used, sold, or otherwise furnished, or been under the influence of any controlled substance, as defined in Section 11007 of the Health and Safety Code, alcoholic beverage, or intoxicant of any kind . . .

1. While on school grounds
2. While going to or coming from school
3. During the lunch period, whether on or off campus
4. During, or while going to or coming from, a school sponsored activity

Note: Alcohol is a drug, illegal for use by minors, and cases involving alcohol shall be treated in the same manner as for other drugs. (See Policy 5420 for use of tobacco.)

A. USE OR POSSESSION

1. No internal medication is to be administered by school personnel except as prescribed by a doctor. (Ed. Code, § 49423.)
2. Dangerous and narcotic drugs which a student has on prescription and carries on to school property for ingestion as prescribed by a doctor must be in their original containers and kept in the nurse's or principal's office, whichever provides greater security.
3. Whenever any staff member has reason to believe that a student may be under drug influence, that staff member shall immediately notify the principal, and the principal, if in agreement, shall notify the parents, suspend the student, and see that the student is removed from the school. Depending on the circumstances, the student may be taken to a physician or hospital, to his or her home, or to the jurisdiction of the police. The proper law enforcement agency shall be notified.
4. In severe cases, if the parents or the student's doctor cannot or will not come to the school, the principal is authorized to call an ambulance and to remove the student to a hospital. Parents will be notified of this action and shall be responsible for incurred expenses.

Note: In all instances in which laws have been broken, the appropriate law enforcement agency shall be notified.

5. *First Offense:* Depending upon circumstances, the student will be suspended for one or two days but required to return with parents on the day following the incident to meet with the Intervention Specialist. The Specialist will conduct a chemical use

assessment and use that information to work with school administrators and counselors in the assignment of the student to the school-based intervention program and to take whatever other action may be appropriate.

The student will be required to sign an agreement that he or she will be drug free during the duration of the program. If the student refuses to cooperate with the intervention process, a five-day suspension will result.

Exception: In extreme circumstances regarding the first violation of this policy (defiance of school authorities, flagrant exhibition of use or possession, violence, etc.) other measures, as provided by Section 48900 of the California Education Code and District Policy 5409.3, may be invoked. Such exceptions must be approved by the Assistant Superintendent—Secondary Schools.

Even under an extended suspension or other disciplinary measures, arrangements should be made to enroll the student in the Intervention Program on the day following the incident.

6. *Second Offense:* The student will be suspended as provided by Section 48900 of the California Education Code. Regardless of the length of the suspension, the student will be required on the day following the incident to meet with the Intervention Specialist in the company of his or her parents. The Intervention Specialist will reassign the student to the intervention program, refer the family to an appropriate community counseling agency, and/or notify other agencies as appropriate. Failure of the student to cooperate will result in a recommendation for expulsion under Section 48900-c of the California Education Code.

Exceptions: Exceptions as described in number "5." above (First Offense) will be handled in the manner described in that section.

7. *Third Offense:* The student will be recommended for expulsion and referred to a drug treatment program. Refusal to enroll in such a program will result in notification of juvenile court authorities, Child Protective Services or other appropriate agencies.

NOTE: Violations shall be cumulative while, (1) the student is attending any school in the district, or (2) during any three-year period in which the student attends two or more schools in the district.

B. SELLING OR PROVIDING

The following procedure will be followed when there is reason to believe that a student has sold or provided drugs at a school site or at school activities.

1. The school administrator shall advise the local juvenile narcotics officer or law enforcement personnel. If a school administrator releases a student to a peace officer, the administrator will take immediate steps to notify the parent or guardian of the release and the place to which the student is being taken.
2. When appropriate, the school administrator will take the student to the school office, where the administrator will confront the student with the suspicion, or the administrator may notify the police before taking the pupil to the office. Unless made

inappropriate by some emergency, the student should be removed from a classroom only by a school administrator or by his or her designee.

3. With good cause, a search for drugs may be made by the administrator, which includes searching the student's person, his or her belongings, and district owned facilities such as science drawers, shop lockers, etc. Such a search shall be conducted by the administrator with at least one other school employee as witness or by a police officer.
4. The student may be questioned by the school administrator without notifying the student of his or her rights, but if the administrator believes that a law has been broken, the police shall be notified.

When there is reasonable evidence that a student has actually sold or provided narcotics or other drugs on or about school premises or at school sponsored functions or that he or she possessed drugs with the intent to sell or distribute, the police must be notified. Regardless of any legal action taken by the police, however, the principal will follow the provisions of Section 48915(a) of the California Education Code which provides for a recommendation of expulsion unless "... the principal or superintendent finds, and so reports in writing to the governing board, that expulsion is inappropriate, due to the particular circumstance, which shall be set out in the report of the incident." A recommendation for expulsion will require the following action:

- a. Suspension of the student pending review by the Governing Board as provided by Section 48911(g) of the California Education Code.
- b. A Hearing by the Board or by an Administrative Panel as provided by Section 48918 of the California Education Code. The Board or Panel, as provided by law, shall consider all factors, including the age of the student, in taking or recommending action. Note: The principal is allowed flexibility in determining whether a student "provided" an illegal substance or "shared" such a substance. "Sharing" (for example, sharing a can of beer or a marijuana cigarette), shall be handled under AP 5410 A-5.

"Providing (for example, giving marijuana or other drugs in large quantities or for independent or later consumption) shall be handled under AP 5410 B.

Note: In any instance in which a student requests that illegal substances be brought to school or to any school function, and such substance is actually brought to school or to a school activity, that student, as well as the provider, will fall under the conditions of AP 5410 B.

Provisions of this Administrative Procedure shall be disseminated to students and parents through school newsletters, student handbooks, parent and student meetings, newspapers, radio, television and other means of communication.

Pajaro Valley Unified School District

**Alcohol and Drug Use
Student Behavior and Discipline Policy****(Policy Range: 5410 - 5410.34)**

5410.0 Drug Abuse. The use, possession or distribution of alcohol, narcotics, hallucinogens, or restricted dangerous drugs (as classified by the Business and Professions Code and the Health and Safety Code) by students of this school district is recognized as inimical to the health and welfare of the student body and to the welfare and safety of the community. Such use, possession or distribution will not be tolerated on school grounds, at school events, or in any situation in which the school is responsible for the conduct and well-being of young people. This district recognizes its responsibility to provide reasonable protection for all students from the influence of persons who might encourage the use of mind altering chemicals. It shall be the policy of this district to continually seek the cooperation, advice, and counsel of the courts, law enforcement agencies, medical, mental health and other professional agencies which are involved in the drug abuse problem in order to ensure a communitywide, cohesive and comprehensive reaction to this problem.

The basic policy of this district is to confront the problem of student drug abuse in three ways: prevention, intervention, and control on campus. Drug abuse prevention includes education, in-service staff training, and community awareness.

5410.1 Educational program. Chemical abuse is primarily a health problem. As such it falls within the schools responsibility in the area of student health. It also has a direct and negative impact upon the ability of students to learn, the purpose for which schools are established. Abuse of mind altering substances ranges from initial experimentation to hard core addiction. The underlying causes of drug abuse include the entire spectrum of human problems. Each school in the Pajaro Valley Unified School District will develop programs which recognize this diversity and which are capable of responding to individual problems and needs while assuring an orderly and safe environment in the school.

5410.11 Instruction. Instruction in all grades regarding the effects of alcohol, narcotics, hallucinogens, and restricted dangerous drugs shall be a part of the basic curriculum adopted annually by the Governing Board. In addition to the basic curriculum, special presentations will be planned.

5410.111 Efforts will be made to involve reputable community agencies in planning substance abuse programs for students, staff, and parents.

5410.12 Program Coordination. The principal of each school shall designate a member of the staff as a resource person who will assume specific responsibilities related to drug abuse. (That individual might be the principal.) This person shall receive training in aspects of the drug abuse problem. Training will include the legal, medical, pharmacological, psychological, and educational facets of the problem.

5410.121 The designated Resource person will utilize his or her training to coordinate the following:

In-school resources for factual drug information and for the development of an instructional program which emphasizes refusal skills, decision making and positive self-concept.

Involvement of parents in the school's drug prevention and intervention activities.

In-service education for staff.

5410.2 *Control Program.* Every school has a potential drug abuse problem and the problem cannot be ignored. Administrative procedures attached to this policy attempt to strike a balance between the needs of the individual chemical abuser and the protection of the total student body. Alcohol or other chemicals of abuse cannot be tolerated on campus and a written agreement concerning the involvement of police in the schools will be developed between the schools and appropriate law enforcement agencies. Possession, use or distribution of such substances at school or school functions will result in the approved intervention process or in serious disciplinary action (see AP 5410.2).

5410.3 *Intervention Program.* Students who never possess or abuse chemicals at school may still have serious problems involving alcohol or drugs which demand the attention and assistance of school personnel. Those students, and their parents or friends, should not be afraid to discuss such problems because of fear of punishment or humiliation. Provisions of Section 5410.2 do not apply to such students.

5410.31 Teachers, counselors and administrators are professional people, already trained in working with youth; they should also be familiar with legal, sociological, psychological and medical effects of substance abuse or addiction. It is the goal of this district, through inservice programs and other educational opportunities, to continually raise staff awareness, understanding and effectiveness in regard to chemical abuse.

5410.32 School staff will be alert to those symptoms in students which may indicate problems with chemical abuse and initiate assistance through the intervention program.

Those symptoms include the following:

- abrupt change in mood or attitude;
- sudden decline in attendance or performance at school;
- student resistance to discipline at home or school;
- impaired relationship with family or friends;
- drowsiness or inattention to discussion and surrounds;
- weight loss, inattention to dress;
- unusual flare-ups of temper;
- stealing;
- heightened secrecy about actions and possessions; and
- association with new friends, especially with individuals who use drugs.

5410.33 Schools have an obligation to provide early identification and intervention in student drug use. A school-based intervention system will be maintained to provide this service.

5410.34 When intervening in family chemical abuse problems, as with dealing with other serious human difficulties, district staff shall demonstrate the sensitivity, tact, confidentiality, ethics and good judgment expected of professionals who are entrusted with the well-being of young people.

Pajaro Valley Unified School District

Co-curricular Activities Alcohol and Drug Policy

(Policy Range: 5410.40 - 5410.42)

5410.40 Basic Policy: Because mood-altering chemicals are a significant threat to health and to the orderly conduct of the schools, and because athletic coaches and activities advisers have a unique relationship with young people, the PVUSD has adopted this policy of prevention, intervention, assistance and control for students who participate in co-curricular activities. (Co-curricular activities are those described in District Policy 5313.1.)

5410.41 Purpose of this Policy:

1. To emphasize the district's concern for the health of students as it is affected by the short-and long-term effects of chemical usage.
2. To promote equity, a sense of order, and discipline among students.
3. To confirm and support existing state and federal laws which restrict the use of chemicals.
4. To establish standards of conduct for those students who are involved in leadership positions.
5. To provide assistance to students and their families through a school-based early intervention program and/or referral to a chemical abuse treatment agency.

5410.42 Rule: As provided in AP 5410.2, no student may use, possess, sell or distribute alcohol, marijuana, or any illegal drug (those substances labeled as Class I, II, III and IV by the federal government) while at school or while under the jurisdiction of the school. Violation of this rule shall result in the following:

5410.421 First Violation.

- A. Referral to school-based intervention program—follow procedures outlined in AP 5410.2.
- B. Two-week contest/activity ineligibility.
- C. "Practice" for the activity or sport may be continued.

5410.422 Second Violation

- A. Referral to school-based intervention program—follow procedures outlined in AP 5410.2.
- B. Written behavior contract signed by student and parents.
- C. Eligibility for co-curricular participation:
 - Middle School—four week ineligibility for contest/activities—may continue "practice."
 - High School—six-week ineligibility for contest/activities—may continue "practice."

5410.423 Third Violation.

Referral for expulsion. (See AP 5410.2, A.7.)

5410.424 Violations: Violations shall be cumulative while 1) the student is attending any school in the district; or 2) during any three-year period in which the student attends two or more schools in the district.

Pajaro Valley Unified School District

Student Smoking**(Policy Range: 5420 - 5420.4)**

5420 *Basic Policy:* The district recognizes the tremendous threat to individual and public health which is presented by the smoking of tobacco and every school shall conduct intensive education programs concerning the hazards of smoking. Such programs shall focus upon the addictive qualities of nicotine and the damage done to the human body by the use of cigarettes or other forms of tobacco. In addition to classroom programs, all other practical steps shall be taken to discourage smoking by students.

5420.1 Students already addicted to nicotine will be encouraged to participate in "stop smoking clinics" which shall be arranged by the schools through the Drug Prevention Program of the Office of Child Welfare and Attendance. Whenever feasible, school and district officials shall seek advice and assistance from the American Lung Association, the American Cancer Society, and/or other community agencies or individuals with recognized expertise in combatting nicotine addiction. Peer support groups, as appropriate, shall be encouraged for students participating in the clinics or otherwise attempting to break the habit of using tobacco.

5420.2 Students found smoking on school property or at school activities shall be subject to suspension, expulsion or other disciplinary action as provided by Section 48900 of the California Education Code. In addition, such students shall be expected to participate in "stop smoking clinics" as described above.

5420.21 *First Offense:* The student shall (1) depending upon circumstances, be suspended for one day or assigned to Saturday School; (2) his or her parents shall be notified; and (3) be required to attend a stop smoking clinic.

The required clinic, conducted outside of regular school time, shall include instruction in the harmful effects of tobacco, the physiology and psychology of smoking, and techniques used in breaking the habits associated with tobacco use. Failure by the student to cooperate with the clinic or to attend sessions, will result in a three-day suspension. Sessions missed for legitimate reasons must be made up.

5420.22 *Subsequent Offenses:* The student will be suspended for at least two days and the procedures and conditions described in AP 5420.21 shall be repeated.

Appendix A

Risk Factors for Adolescent Substance Abuse

This appendix summarizes the risk factors for adolescent drug abuse. This is a summary of work by Drs. J. David Hawkins and Richard F. Catalano of the Center for Social Welfare Research at the University of Washington as part of their research into the causes of drug abuse. These risk factors should be interpreted like risk factors for heart or lung disease. That is, if a child or his/her family has one or more of these characteristics it increases the child's chances of developing a problem with alcohol or drug use. However, having one or more of these risk factors does not mean that the child will become a drug abuser, just that the risk is increased. The more risk factors present, the greater the risk a child will have a problem with drugs or alcohol.

The material below is excerpted from "*Preparing for the Drug (Free) Years: A Family Activity Book*," by J. David Hawkins, University of Washington, Center for Social Welfare Research. (See Appendix C for a synopsis of this publication.)

1. **Family history of alcoholism.** When a family member has abused alcohol, boys in particular have a high risk for abusing alcohol themselves. Boys with alcoholic fathers are up to nine times more likely to abuse alcohol themselves. This risk may be a result of biology as well as environment. On the biological side, there is evidence that some children of alcoholics have a genetic predisposition to alcoholism. On the environmental side, parents who are alcoholics provide a powerful role model for their children that is likely to influence their children's behavior.
2. **Family management problems.** In order to make good decisions about their behavior, children need to get from their family clear guidelines for acceptable and unacceptable behavior. They need to be taught basic skills, and they need to be provided with consistent support and rewards for acceptable behaviors as well as consistent but moderate punishment for unacceptable behaviors. They also need to know that their parents care enough to monitor their behaviors so that rewards and punishments are applied fairly. Children who grow up in homes where rules are not clearly stated and enforced have difficulty knowing what is expected of them. If they aren't consistently rewarded for doing good things, then children don't know when they are doing good things, and aren't made to feel that their good behavior makes any difference. Similarly, if they aren't consistently and moderately disciplined for doing bad things, then they don't experience the security they need to develop a sense of right and wrong and an ability to exercise their own judgment. If their parents don't make an effort to observe whether they're doing good or bad things, then any system of reward and punishment becomes less meaningful. These children have an increased risk of developing problems with alcohol and other drugs.

Parents' attitudes about alcohol seem to influence their children's attitudes about other drugs. A survey conducted by researchers at the University of Washington found that ninth-grade children whose parents approved of their drinking under parental supervision were more likely to have used marijuana and to be using marijuana at the time than were children of parents who disapproved of drinking at home, supervised or not. Parents' approval of children's moderate drinking, even under parental supervision, appeared to increase the risk of children's use of marijuana.

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Early antisocial behavior and hyperactivity. This risk factor has been identified for boys who in kindergarten through the second grade have a history of aggressiveness. The risk is especially significant when this aggressiveness is combined with shyness and withdrawal. These children appear older children or stand out in their classes. These children are more likely to use drugs in later grades than children who are not aggressive and withdrawn. These children are more likely to use drugs in later grades than children who are not aggressive and withdrawn.

Children who do poorly in school or drop out of school. Children who do poorly in school or drop out of school are more likely to use drugs. It may result when a child becomes bored with school and stops working and learning. It may result when a child has a learning disability. It may result when there is a poor match between a teacher and a student. Whatever the cause, these children who do poorly in school are more likely than successful students to turn to alcohol or other drugs in the following four to five years.

Little commitment to school. Another risk factor is a child's lack of interest in school. Students in grades 4 through 7 who lose interest in school, for whatever reason, have a greater risk of getting into trouble with drugs.

8. Antisocial behavior in early adolescence. This risk factor includes misbehaving in school, skipping school, and getting into fights with other children. Children who engage in these behaviors are at increased risk for engaging in another socially undesirable behavior, drug abuse.
9. Friends who use drugs. This is a strong risk factor for adolescent drug abuse, and it operates independently of other risk factors. This means that even children who grow up without other risk factors but who associate with children who use drugs are at an increased risk for developing problems with drugs. This risk factor underscores the power of peer influence on teenagers.
10. Favorable attitudes toward drug use. When children are in the fourth, fifth, or sixth grade, they often have very strong feelings against drugs. They'll tell you how terrible cigarettes smell or how awful beer tastes. They think that children who use drugs are "stupid" or "losers." Yet by the time these children enter high school, they may begin associating with peers who use drugs and their attitudes can change quickly. This shift in attitudes often comes just before children begin to experiment with alcohol or

2. The second part outlines the various methods used to collect and analyze data, ensuring that the information gathered is reliable and valid. This includes both qualitative and quantitative approaches.

3. The third section details the results of the research, highlighting key findings and trends observed over the study period. It provides a clear overview of the data collected and its implications.

4. Finally, the conclusion summarizes the overall findings and offers recommendations for future research or practical applications based on the insights gained from the study.

Appendix B

Cognitive and Social Development Program Evaluation

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AGE/GRADE	KEY SYSTEMS	COGNITIVE DEVELOPMENT	SOCIAL DEVELOPMENT	PROGRAM IMPLICATIONS
12-16 yrs. 6-10th Grade	• Family • Peer Group • School	<u>Normal Mental Operations:</u> - capable of cognitive problem solving and decision-making - ability to think abstractly and hypothetically - integrates multiple factors in understanding illness	- oriented to present rather than future - preoccupied with self-presentation, physical maturity and acceptance by peer group - initial sexual intimacy - oriented to peers and role models - more concerned with and motivated by social effects of drug use than physical - seeks opportunities for independent moral judgment - differentiates between self and environment - feels unsure and awkward in social skills - experimenting and using drugs	- use social inoculation learning life skills curriculum involving peer role models and teaching refusal skills - use team learning team teaching methods in classes - provide drug information decision-making program - identify drug users and refer to intervention system resources - promote peer leadership, peer assistance, peer counseling programs - provide drug information decision-making program taught by role models in health, science or driving ed classes - involve students in changing drinking practice norms
16-18 yrs. 11-12th	• Peer Group • School • Work • Family • Larger Community	<u>Relativistic Thinking:</u> - capable of synthesizing wide range of relational material	- primary concern with individual identity, financial independence, deepening relationships, self-exploration, distancing from family and making own decisions - more concerned with psychological effects of drugs than physical or social - oriented to peers and role models	- identify drug users and refer to intervention system resources - sponsor youth business ventures, community projects and drug-free alternative activities - implement curricula focused on the health, social, economic, and legal consequences of misuse and abuse especially in relation to the concrete situations teens face at this age, i.e., drinking and driving

This chart was developed by Jeanne Gibbs, founder of the Center for Human Development, Pleasant Hill, California and reprinted from A Review of Current Research and State-of-the-Art Strategies to Prevent and Disrupt the Use of Alcohol and Other Drugs by Children and Youth, written by Jeanne Gibbs, prepared by the Prevention Center of Boulder, Colorado for Jefferson County School District R-1, Lakewood, Colorado, April, 1986.

Appendix C

Descriptions of Additional Drug/Alcohol Abuse Prevention/Intervention Curricula, Programs and Projects

These are in addition to the curricula, programs, and multi-element projects described in Chapter 3. Those included here either failed to meet the selection criteria for inclusion in Chapter 3, were received too late to be reviewed, or were not developed for public distribution.

Curricula

Project ALERT. This is one of the most thoroughly researched drug prevention curricula using the social influence model. It has been shown effective in preventing or reducing cigarette and marijuana use among participants. Counter to common criticisms of prevention programs, Project Alert has been especially effective in curbing smoking among high-risk students and has worked equally well in schools with different proportions of minority students. Its effects on alcohol use have been less impressive: early gains in alcohol prevention had eroded by the time students reached eighth grade. Similarly, it was not effective with previously confirmed cigarette smokers.

The seventh grade curriculum consists of eight weekly sessions of one classroom period each. Three booster sessions, designed to reinforce the lessons of the previous year and reduce erosion of resistance skills, are given during the eighth grade year. The program uses question-and-answer techniques, role modeling, and repeated skills practice.

Project ALERT is included in the appendix of this publication, rather than in the main body, because it is not expected to be available to the public until fall 1991.

- Phyllis L. Ellickson, Ph.D.
RAND Corporation
1700 Main Street
P.O. Box 2138
Santa Monica, California 90406-2138
(213) 393-0411

***Project Hermanos.** Project Hermanos is a bilingual/bicultural prevention education program for adolescents between thirteen and seventeen years of age who want to prevent drug abuse from occurring within their own families and in their community. A strong element of the program is to make the bonding relationship of the older and younger siblings stronger by having the older one demonstrate positive behavior while interacting with and relating to the younger brother or sister.

Older sisters, brothers, cousins, and even neighbors have an impact on younger children, who at an early age are easily influenced by older youths in positive or negative directions.

The unique curriculum incorporates 13 culturally based modules on behaviors, reinforcing positive cultural attitudes, environment, relationships, and social

* Available in Spanish

pressures and strengthening of skills through information, communication, and recreational exercises. The project is offered September through June.

– Free

– Sarah Vergara
Project Director
Hermanos
5838 E. Beverly Boulevard
Los Angeles, California 90022
(213) 722-4529

McGruff Program. The McGruff program focuses on providing elementary school children the information, skills, and self-confidence needed to say "No" to alcohol and other drugs. The McGruff curriculum has many elements. The "McGruff's Drug Prevention and Child Protection Program" features a puppet version of the popular McGruff crime dog along with taped messages and songs he shares with K-6 grade students. It includes 12 alcohol or drug use prevention lessons for each grade level. The lessons are designed to develop the skills children will need in order to protect themselves from a variety of potentially hazardous situations.

The McGruff Program is also available in a kit which includes: the McGruff video, "The No Show;" an interactive "No Show Computer Game;" an audiocassette of eleven McGruff songs; and challenging games, puzzles, and camera-ready brochures. The kit is designed to teach children to respect their bodies and feel good about saying no to drugs; recognize harmful substances and distinguish between medicine and drugs; and know ways to counter pressure to try drugs. McGruff also offers an adult brochure that introduces ideas about how parents, teachers, and other adults can help prevent alcohol and other drug use among children in their charge.

– John Rosiak
National Crime Prevention Council
1700 K Street, 2nd Floor
Washington, D.C. 20006
(202) 466-6272

Natural Helpers® Program. This peer-helping program comprises three parts: a 3-day Retreat Training for students and staff selected by their peers as "Natural Helpers;" a series of ongoing training lessons that can be used as a semester class or as after-school activities; and a section on managing the program throughout the year and in succeeding years. A kit contains videos, games, books, signs, and a guide of lesson plans and other information, including masters for handouts. A training program is also available from the developers.

For pricing and ordering information contact:

– CHEF
22323 Pacific Highway South
Seattle, Washington 98198
(206) 824-3907

Preparing for the Drug (Free) Years. This is a five-session curriculum for parents of 4th—7th graders that focuses on describing the causes and risk factors for drug use, what families can do to prevent drug abuse, and how to create a parent network to prevent drug abuse. It has been used successfully in an urban community with ethnically mixed, single-parent, and low-income families. The effects of the curriculum on the children of the participating parents is currently being tested under a prevention research grant from the National Institute on Drug Abuse. Materials include five 1/2 hour videotapes, a workshop leader's guide, and parents' guides.

- Kit \$1,095; without book \$750 plus shipping and handling.
- Developmental Research and Programs
1803 Northeast 52nd Street
Seattle, Washington 98105
(206) 524-6520

****Student Peer Counseling Training Curriculum.*** This curriculum addresses seven major areas (values clarification, pharmacology, counseling, group process, decision making, communication, and peer leadership) and uses a three-step instructional model that includes development of concepts, practice, and application.

- Manual, \$95
Student Workbooks, \$3.50 in English
High School Workbooks also available in 4 languages for \$3.95 each
(Spanish, Vietnamese, Laotian, Cambodian)
- Telesis II of California, Inc.
3180 University Avenue, Suite 640
San Diego, California 92104
(619) 280-1828/1-800-542-2966

Tobacco Education Curriculum. A comprehensive K-12 curriculum that focuses on self-image, self-knowledge, and values; knowledge about tobacco and related issues; and coping skills.

- Free
- American Lung Association of New York State
8 Mountain View Avenue
Albany, New York 12205
(518) 459-4197

Well and Good. A 15-session curriculum for 6th and 7th graders that focuses on preventing experimentation with tobacco, alcohol, and marijuana. Teaching strategies include role playing, group and class discussions, skits, behavioral rehearsal and use of peer small-group leaders. Based on TAPP (Tobacco and Alcohol Prevention Project), a curriculum found to have significant effects on reduction of tobacco use.

* Available in Spanish

- Teachers Guide, \$50
Student Workbooks, \$2 each
- William B. Hansen, Ph.D.
Well & Good: Health Promotion Consultants
1133 Eaton Road
San Dimas, California 91773-2813
(714) 592-1304

Programs

The Awareness Program. The impetus for this program came from California Education Code section 48907.5, which authorizes school districts to assign drug-involved students to alternative education classes in lieu of suspension or expulsion.

The program has three phases. In Phase I, the student attends the Awareness academic program five hours per night for 40-50 days and concurrently participates in an individualized contract of 50 to 70 hours that is designed to enhance his/her awareness of the effects of alcohol/drug abuse. In Phase II, the student attends a day-school program at the continuation school for the remainder of the semester as well as the next semester. In Phase III, the student returns to his/her high school. Throughout the program, students are also involved with community agencies and resources.

- Michael Eddy
Director
Administrative Services
Grossmont Union High School District
1100 Murray Drive
P.O. Box 1043
La Mesa, California 92044-0316
(619) 465-3131, Ext. 228

The Intervention Specialist Program. The Intervention Specialist program is located on the campuses of three Bakersfield continuation high schools and ten conventional high schools. Continuation students who have been expelled from their high school campuses for drug/alcohol-related activities are required to be involved in the program. At the conventional campuses, high-risk students (as identified by the student assistance team), counselors, and parents participate. Additionally, at both the continuation and the conventional campuses, large numbers of students participate on a self-referral basis.

The program is designed to provide positive incentives to students on all campuses to become and/or remain free of any drug/alcohol involvement. This is accomplished by presenting living skills groups that teach students how to act, think, and talk for responsible living. Curricula used are *Unlocking Your Potential*, *Effective Skills*, and *Stages* consisting of 10 sessions with accompanying videotapes and materials. (See the resource section.)

In addition to facilitating the groups, the intervention specialist 1) lead family/parent support groups for students who are involved in the program, 2) provide follow-up contact to students returning to their regular campuses after completion of their program at the continuation school, and 3) complete a program evaluation measuring student improvement in school attendance, academic achievement, improved relationships, and decreases in drug involvement.

Data from the ten comprehensive high schools for the 1989-90 school year show 1,466 referrals and 966 students attending six or more group sessions.

An analysis of the data on students at the continuation schools for whom both pre- and post-program data were available demonstrated that students in the Intervention Specialist Program experienced an average GPA gain of 1.24 points, going from a pre-program average of 1.99 to a post-program average of 3.23. There was also a dramatic decline in unexcused absences. These dropped by an average of 6.04 days a semester from 6.62 days pre-program to .58 days post-program. Because of the necessary anonymous nature of the information dealing with levels of drug usage and relationships, it is not possible to report pre- and post-program results in these areas since not all students who take the pre-program test stay with the program long enough to take a post-program test.

The GPA and attendance results, however, strongly indicate decreased drug usage and improved relationships. A further indication is the dropped rate at continuation campuses. Students who had completed the program had a 21 percent dropout rate during the semester after completion of the program. Although this is high, they are a high-risk group and furthermore, this 21 percent must be juxtaposed to an overall district dropout rate of 38 percent and a continuation school dropout rate of 40 percent.

- Shirley Swank
Program Administrator

or

Steven Martinson
County Program Coordinator
Kern Union High School District
2000 - 24th Street
Bakersfield, California 93301
(805) 327-2751 - Swank
(805) 851-2251 - Martinson

Multi-Element Projects

Early Intervention Program - This project consists of three elements:

- The Peer Communication Program is carried out in conjunction with the Peer Communication classes at Sanger High School. Carefully selected high school students, called "Peer Communicators," serve one or more functions. Some are special friends to at-risk students experiencing school adjustment problems. These students meet individually for weekly or bi-weekly sessions.

to engage in outdoor play as well as indoor games and educational activities designed to raise self-esteem and develop personal interaction skills. Peer Communicators also provide large group instructions for students in grades K-6 directed toward increasing effective social interactions, problem solving, and refusal skills. A third responsibility of the Peer Communicators is to defuse conflicts between Sanger High students prior to aggressive or other overt action. The Peer Communicators convene for conflict management sessions that are also attended by a faculty advisory or a certificated Sanger High School staff person.

- e. *The Primary Prevention Project ("Special Friends") utilizes paid aides to provide direct services in the form of goal-oriented play activities to high-risk K-3 graders. Aides are supervised by a project psychologist who provides crisis intervention counseling to project children and supportive consultation to parents, teachers, aides, and other staff.*
- f. *Project SANE is the third element of Sanger's Early Intervention Program. (See Chapter 3 for a description of Project SANE.)*

- *Sherie Carlson, Psychologist
Sanger Unified School District
1805 Seventh Street
Sanger, California 93857
(209) 875-8321 or 237-3171*

Preventive Drug Education Program. The Lemoor Elementary School District's program has three main elements:

- Drug education in grades 4 through 8. The 18-20 sessions of the *Here's Looking at You*, Two curriculum are conducted on a regular basis as part of the schools' health sciences curriculum. (See Chapter 3 for a description of *Here's Looking at You*, 20000; the revision edition of this curriculum.)
- Participation by the Los Angeles County Sheriff's Department. A deputy sheriff conducts workshops for parents and teachers on the signs and symptoms of drug use and teaches classes for students. (See the description of Operation SANE in the resources section.)
- Parent education. Parents are asked to come to school for an hour once a month so they can be aware of what their children are learning. They are also given scriptographic pamphlets in Spanish and English that describe the effects of various drugs.

- *Daniel Juranka
Assistant Supervisor of Instruction
Lemoor Elementary School District
10333 Lemoor Avenue
Lemoor, California 93246
(209) 873-6661*

Sacramento County Office of Education Prevention Center. Eight programs are offered to school districts throughout Sacramento County:

- Training and materials for *Here's Looking At You, 2000s*, a comprehensive K-12 substance abuse prevention curriculum, is available. (See Chapter 3 for a complete description of the *Here's Looking At You, 2000s* curriculum.)
- Training and materials for *Preparing for the Drug (Free) Years* (a companion program of the *Here's Looking At You, 2000s* curriculum), a parenting program based on the research of Dr. David Hawkins and Dr. Richard Catalano, is available. Their research has identified risk factors for teenage drug abuse and protective factors which help teenagers develop into healthy productive adults.
- The *Children of Alcoholics Program* is designed to heighten the awareness of school personnel to the problems children experience in families where drinking is a problem. Students at the second and fourth (or fifth) grade levels, learn about alcohol and alcoholism and how to cope with situations that occur within the family.
- Training for a variety of peer helping program models are offered and quarterly networking meetings are held to coordinate peer helping programs in the county.
- Student Assistance programs are designed as an intervention tool for high-risk youth behaviors. School teams are trained to conduct case team meetings which address a broad spectrum of student behaviors. Included in this model are student support groups which focus on the specific concerns of each school site.
- Systematic Helping Skills Training, based on the work of Dr. Robert Carkner, is a five-day skill based training. Listening and responding skills, useful in working with young people to resolve personal and interpersonal problems, are demonstrated and practiced.
- The Prevention/Intervention Program (P/I) is designed to assist adolescents, especially those "at risk," to resolve problems that lead to drug abuse and other destructive behaviors. P/I classes teach decision making, goal attainment, stress management, coping and self-esteem building techniques in a group process setting.
- Friday Night Live (FNL) takes a countywide approach to encourage students to live alcohol and drug free with an emphasis on reducing teenage driving under the influence (DUI). Additional information about Friday Night Live is located in the "Other Projects" section of this appendix.

Other Projects

Friday Night Live The California Friday Night Live Program (FNL) is a peer program designed to prevent alcohol and drug use among teenagers. Through

formation of Friday Night Live high school chapters, the integration of classroom activities, assembly presentations, leadership conferences, and community activities. FNL assists students as they cope with the pressures of life, and encourages them to work and have a good time without alcohol and other drugs.

The California Friday Night Live program was developed in 1984 by the California Department of Alcohol and Drug Programs under funding from the California Office of Traffic Safety and private industry. Currently, 35 California counties have Friday Night Live Programs supporting over 200 high school/community chapters.

The real "work" of Friday Night Live is done by the students themselves. Through chapters, students mobilize their campuses to spread the message of FNL and strive to change attitudes about alcohol and other drugs. FNL works within the whole community using a Friday Night Live county coordinator to guide the chapter advisors and help students develop organizational and leadership skills, community involvement and service, and self-esteem.

FNL also works actively with the California Highway Patrol, Department of Alcohol and Beverage Control, M.A.D.D., and local alcohol and drug prevention agencies and task forces. The program has won national and local awards.

Jim Koeler, Dr. P.H.
California Friday Night Live
1700 K Street
Sacramento, California 95814
(916) 445-7456

Sober Graduation. Sober graduation is an annual campaign conducted each May and June during prom and graduation events to help prevent teenagers from being victim to the tragedy of drinking and drug related driving accidents.

Local California Highway Patrol Public Affairs Officers work with schools, the public and private sector, the media, and the entire community to spread the "Don't Drink and Drive" message to teenagers. Chemical-free activities are planned which may include parties and events at local health clubs, amusement parks, cruise ships, etc.

Public service announcements accompany the campaign as well as materials such as "Don't Drink and Drive" posters, bumper stickers, and key rings.

Cost depends on planned activities

Local CHP Public Affairs Officer

or

Steve Kohler
California Department of Highway Patrol
P.O. Box 942898
Sacramento, California 94298-0001
(916) 445-3908

Resources

Information on resources and instructional materials is categorized into three sections:

1. **Classroom Materials:** Books and pamphlets, films, and videotapes that are suitable for classroom use by teachers and/or students.
2. **Background Reading:** Books that provide guidance or background information on (a) school policy and legal issues; (b) program planning; and (c) substance abuse.
3. **Agencies and Services:** Brief descriptions of projects that provide direct services to young people in the schools or technical assistance to school/community planners. Government agencies and treatment programs that sometimes provide classroom speakers are also included.

Where possible, prices have been included, but they are subject to change without notice.

Classroom Materials

Books/Pamphlets

Drugs and Youth . . . An Information Guide for Parents and Educators (Revised Edition). California Attorney General's Office, 1990. This booklet offers basic information for adults on "Gateway Drugs" as well as the major drug groups and their effects. Drug prevention strategies and risk factors are also discussed in this booklet. Color photography for visual identification purposes is used extensively. A drug chart is also included for quick reference purposes.

- Free (limit of 25)
- Crime Prevention Center
California Attorney General's Office
Post Office Box 944255
Sacramento, California 94244-2550
(Allow four to six weeks for delivery)

For groups needing more than 25 copies, they can be purchased by calling:

- Cal Image Marketing
"Drugs and Youth" Book
3034 Gold Canal Drive, Suite B
Rancho Cordova, California 95670
(916) 638-8383 or 1-800-451-0303

How to Say No and Keep Your Friends, by Sharon Scott, 1986. A 97-page book for pre-teens and teenagers that offers a step-by-step method for noticing peer pressure before it becomes a problem.

- \$7.95
- Human Resource Development Press
22 Amherst Road
Amherst, Massachusetts 01002
(413) 253-3488 or 1-800-822-2801

"Just Say No" Club Book, includes a "drug abuse primer," step-by-step guidelines for organizing and operating a "Just Say No" Club, plus dozens of educational ("Getting to Know You," "Me and My Family," "Poisons, Medicines and Drugs"), recreational, and service activities. Also available are: "Peer Pressure Reversal," a guide for parents, teachers, and adults (\$9.95), "When to Say Yes and Make More Friends" (\$7.95), and "Positive Peer Group" (\$9.95).

- Four-book package (\$29.95)
- Just Say No International
1777 North California Boulevard, Suite 210
Walnut Creek, California 94596
(415) 939-6666

Team Up for Drug Prevention With America's Young Athletes. A booklet for coaches that includes drug and alcohol information, reasons why athletes use drugs, suggested activities, a prevention program, a survey for athletes and coaches, and sample letters to parents.

- Free
- Drug Enforcement Administration
Demand Reduction
1400 I Street N.W.
Washington, D.C. 20537
(202) 786-4096

Scriptographic Booklets (e.g., *About Alcohol, About Alcoholism, About Cocaine, Drug Abuse, Drugs and You, Kids and Alcohol, Teens and Alcohol, What You Would Know About Marijuana, What Kids Should Know About Parents and Drinking*, and many others) are suitable for preadolescents and early adolescents and their parents.

- 79¢ each for a minimum order of 25 (prices decrease with larger orders)
- Channing L. Bete Co., Inc.
200 State Road
South Deerfield, Massachusetts 01373
(413) 665-7611—for information
1-800-628-7733—for ordering

Films

"Drugs and Youth...The Challenge" (23 minutes) - 16mm Film, Video (1987). Hosted by "Family Ties" star Michael Gross, this exciting production supplies the most current information available on our children's use of drugs and alcohol, paraphernalia and symptoms of abuse. (See "Book/Pamphlet" section for information on accompanying guide.)

- Produced by the California Attorney General's Crime Prevention Center
- 16mm (Free on loan. Contact the California Attorney General's Crime Prevention Center.)
- VHS and Beta copies (\$19.95)
Orders of 100 tapes or more (\$6.50 each)

For purchase contact:

- Cal Image Marketing
3034 Gold Canal Drive, Suite B
Rancho Cordova, California 95670
(916) 838-8383

"The Haight-Ashbury Cocaine Film," 1985, describes the effects of cocaine on the human body.

For purchase/rental information, contact:

- Cinamed, Inc.
116 C Street
Post Office Box 96
Ashland, Oregon 97520-1962
(503) 488-2805

"How Do You Tell" is a 13-minute film that shows children talking to each other, expressing their feelings about the effects of tobacco, drugs, and alcohol and responding to the facts of what drugs can do. Animated and live interviews.

- Produced by:
 - Coronet-MTI Film and Video
108 Wilmot Road
Deerfield, Illinois 60015
1-800-621-2131

"I Think" is a 19-minute film that features a young girl facing the decision-making process and asking herself, "What do I think?" Influences on her attitudes, such as advertising, parents, peers, and self-expectations are discussed.

Cost: 16mm (\$395)
3/4 Video (\$195)
1/2 Video (\$95)
Rental (\$40)

- Wombat Products, Inc.
250 West 57th Street, Suite 2421
New York, New York 10019
(212) 315-2502

"Saying No to Alcohol and Drugs" is a 13-minute film that focuses on ways to say "no" effectively.

- Sells for \$478
Rents for \$55 (3-day)
- Marlin Motion Pictures, Ltd.
211 Watline Avenue, Suite 200
Mississauga, Ontario, Canada
(416) 890-1500

"Seeing Through Commercials" is a 15-minute film appropriate for 4th-6th grade. It shows how commercials are made and the techniques used to induce people to buy products.

- Sells for \$340 in film or \$240 in video format
- Barr Films
12801 Schabarum Avenue
Post Office Box 7878
Irwindale, California 91706
(818) 338-7878

"Smoking, Drinking and Drugs" is a delightful 15-minute film featuring puppet vignettes that help young viewers learn about chemical use and abuse. A Coronet film.

- Coronet-MTI Film and Video
108 Wilmot Road
Deerfield, Illinois 60015
1-800-621-2131

"Trigger Films for Health" series contains episodes related to peer pressure to drink. Appropriate for 4th or 5th grade and above.

- Rents for \$25

Other Trigger films available are:

- "Trigger Films for Alcohol Education" (\$27)
- "Trigger Films for Drug Education" (\$27)
- "Alcohol in the Dorm" (\$22)
- Film and Video Library
400 Fourth Street
Ann Arbor, Michigan 48103
(313) 764-5360

"The Wizard of No" speaks to children in a magical way about self-esteem, tobacco, alcohol, and drugs. It acknowledges the difficulties in making decisions and offers a strategy for success—the power of "No" (18 minutes).

- Produced by:
- Coronet-MTI Film and Video
108 Wilmot Road
Deerfield, Illinois 60015
1-800-621-2131

Videotapes

"Drugs and Youth...The Challenge" (1987) California Attorney General's Office. See "Films" section for ordering information.

CHEF Films: Eight skill training VHS (1/2 inch) videotapes that are used in *Here's Looking at You, 2000®* are available separately from CHEF, 22323 Pacific Highway South, Seattle, Washington 98198, (206) 824-2907:

- **"Ask For It"** (\$180) talks to primary grade students about asking, rather than taking.
- **"Staying out of Trouble"** (\$100) talks to primary grade students about self-control.
- **"Staying Out of Trouble and Keeping Your Friends"** teaches refusal skills to 4th-8th graders (\$180).

- **"Making Friends"** is designed for 6th-8th graders and presents a series of steps to make friends (\$180).
- The **"Refusal Skills Parent"** video, which can be used as a supplement to "Staying out of Trouble and Keeping Your Friends" teaches refusal skills to 4th-8th graders (\$40).

Also available:

- **Keeping Out of Trouble and Staying in Control** (senior high school level) (\$180)
- **Clear Thinking About Groups** (\$180)
- **Negotiation Skills** (\$180)

"Drug-Free Kids: A Parent's Guide" is a VHS film informing parents of peer pressure, role models, warning signs, the signs and symptoms of drug abuse, confrontation techniques, home rules, how to deal with other parents, and treatment programs.

- \$32.50 plus tax (also available as a book for \$6.50)—No purchase orders.
- Scott Newman Center
6255 Sunset Boulevard, Suite 1906
Los Angeles, California 90028
(213) 469-2029

"Say 'No' to Drugs—It's Your Decision," is a 17-minute color video produced by the U.S. Drug Enforcement Administration. This video covers a wide spectrum of issues dealing with drug abuse by combining testimony from former drug users, professional counselors and leaders of drug abuse organizations in a persuasive attempt to encourage viewers to evaluate their attitudes towards drug use. The video is narrated by New York Yankee outfielder Dave Winfield.

- 3/4" Video (\$95)
- Beta 2 Video (95)
- VHS Video (\$95)
- 3/4" Video Preview - (\$12)
- National Audiovisual Center
Customer Services PG
8700 Edgeworth Drive
Capitol Heights, Maryland 20743-3701
(301) 763-1896

"No Matter How You Say It, Say 'No'" is an 11-minute video, featuring Detroit Pistons basketball star Isiah Thomas. Discusses peer pressure and uses the "Three Steps to Say No" developed by Just Say No International. Includes realistic vignettes of teenagers pressuring peers to drink beer or smoke marijuana. It is accompanied by a three-session discussion guide, also developed by Just Say No International. Produced by the U.S. Department of Health and Human Services.

Cost: \$12 (Visa orders over \$25)

– Target

Post Office Box 20626

Kansas City, Missouri 64195

1-800-366-6667

“Unlocking Your Potential”. Ten 29-minute units, contained on four video cassettes, are designed to help high school students be successful. Decision making, goal setting, visualization, and leadership skills are among the areas of focus.

– \$2,495

– Edge Learning Institute

2217 North 30th, Suite 200

Tacoma, Washington 98403

(206) 272-3103

1-800-858-1484

For additional information related to films and videos, contact the Department of Alcohol and Drug Program's California Prevention Resource Center.

Background Reading

A good general resource that covers school policy and legal issues as well as information on drugs and program planning is *What Works: Schools Without Drugs*, U.S. Department of Education, 1989. To order a free copy, call 1-800-624-0100, or write to: Schools Without Drugs, 1717 K Street Northwest, Suite 601, Washington, D.C. 20036.

Drug Policy Development and Legal Issues

Education Law, by J.A. Rapp. A comprehensive four-volume, looseleaf treatise on all issues of education law; frequently updated. New York, NY: Matthew Bender and Co., Inc., 1986. Address: 1275 Broadway, Albany, New York 12204.

School Crime Handbook: *Summary of California Penal and Civil Laws Pertaining to Crimes Committed Against Persons or Property on School Grounds*, Office of the Attorney General and California Department of Education, Sacramento, 1990.

Law in the School: A guide for California teachers, parents and students, fifth edition, California Department of Justice, Sacramento, 1990.

School Law Bulletin, a quarterly magazine, is published by the Institute of Government, University of North Carolina at Chapel Hill, Chapel Hill, North Carolina 27599-3330, (919) 966-4119.

School Law News, a newsletter that describes recent developments in the field, is published by Capitol Publications, Inc., 1101 King Street, Suite 444, Alexandria, Virginia 22314, (703) 683-4100.

The School and the Courts, published quarterly, contains briefs of selected court cases involving elementary and secondary school. School Administration Publications, Post Office Box 8492, Asheville, North Carolina 28814, (704) 252-0883.

West's Education Law Reporter includes education articles and comments selected from legal periodicals. The publication reprints the full text of federal and state education law cases. West Publishing Co., 50 West Kellogg Boulevard, Post Office Box 64526, St. Paul, Minnesota 55164-0526, (612) 228-2500.

Program Planning

Not Schools Alone: A guide for schools and communities to prevent the use of tobacco and other drugs among children and youth. Guidelines describe how schools and their respective communities can create partnerships to share the responsibility of planning, funding, and implementing multiple prevention strategies and programs. California Department of Education, Sacramento, California, 1990.

Drug Prevention Curriculum and Resource Review. A booklet for educators describing criteria for reviewing alcohol and other drug education curricula, drug

education performance standards for K-12, criteria for evaluating resource material, guidelines for selecting drug/alcohol curricula, and criteria for effective school-based prevention programs (\$2). National Federation of Parents for Drug-Free Youth, 1423 North Jefferson, Springfield, Missouri 65802, (417) 836-3709.

One Step Ahead: Early Intervention Strategies for Adolescent Drug Problems, by Joseph A. Muldoon and James F. Crowley, 1986 (\$14.95). This book explores the problem of adolescent drug use and the early intervention process. It describes a comprehensive intervention program—the school's role, parent involvement, referrals, working with outside agencies, and self-help groups. Community Intervention, Inc., 529 South Seventh Street, Suite 570, Minneapolis, Minnesota 55415, (612) 332-6537.

Prevention Plus II: Involving Schools, Parents, and the Community in Alcohol and Drug Education, NIAAA, 1990. Provides detailed descriptions of six model programs and describes a comprehensive approach to the prevention of alcohol and drug abuse among youth. Also includes exemplary school drug policies. Available from the National Clearinghouse for Drug and Alcohol Information.

The School Administrator's Guide for a Drug-Free Campus. A booklet describing the administrator's role, how to determine a school's strengths and weaknesses, coordination of staff, students, and parent education, how to identify and assess the problem, planning and implementing a course of action, and police covert drug operations (cost: \$3 per copy). San Diego City Schools, Health Services - Social Concerns Department, 2716 Marcy Avenue, San Diego, California 92113, (619) 233-7662.

What Works?: A Guide To School-Based Alcohol And Drug Abuse Prevention Curricula, 1989. Reviews and evaluates 30 drug and alcohol abuse prevention programs available during the 1987-88 school year targeting the K-12, elementary, middle, and high school levels. Developed by the Health Promotion Resource Center, Stanford Center for Research in Disease Prevention, 1000 Welch Road, Palo Alto, California 94304-1885. Cost: \$19.50 plus \$2.50 postage and handling. For information contact 1-415-723-1000.

Drug/Alcohol Abuse

Adolescent Peer Pressure: Theory, Correlates, and Program Implications for Drug Abuse Prevention, NIDA, 1961. Discusses antecedents and correlates of drug abuse prevention programs using peers, program planning, and implementation. Available from NCDAL. Order PH D08, (303)-443-6500.

800—Cocaine, by Mark Gold, Bantam Books, 1984. Answers frequently asked questions about cocaine in a straightforward, informative manner. Ronnie Lonoff, Post Office Box 100, Summit, New Jersey 07901. Free.

The Encyclopedia of Drug Abuse, by Robert O'Brien and Sidney Cohen, M.D., Facts on File, Inc., New York, New York, 1984. Presents the biological, medical, social and legal aspects of drug abuse in an A-Z dictionary format. 1-800-322-8755.

Getting Tough on Gateway Drugs, by Robert Dupont, Jr., M.D., American Psychiatric Press, Inc., Washington, D.C. 20005, 1984. A classic that describes the dependent syndrome, addiction, treatment, and family dynamics in response to them. 1-800-368-5777

****Guide to Multi-Cultural Resources***, by Charles A. Taylor, 1989 (\$58). The guide compiles comprehensive information about minority groups by providing a directory of addresses, phone numbers, descriptions, and contacts for hundreds of organizations in Asian, Black, Hispanic, and American Indian communities. Drug and alcohol prevention resource information is included. Praxis Publications, P.O. Box 9869, Madison, Wisconsin 53714. 1-800-733-5636 (A 1991 edition will be available in winter 1991-92.)

Marijuana Alert, by Penny Mann, McGraw-Hill, 1985. Presents hard facts about the damaging effects of marijuana and explores the impact on children and adolescents. Cost: \$10.95. (415) 897-5201

Strategies for Controlling Adolescent Drug Use, by J. Michael Polich, Phyllis L. Ellickson, Peter Reuter, and James P. Kahan, 1984. This important report reviewed over 400 articles, reports, and books and concluded that prevention, as opposed to law enforcement or treatment, is the most viable approach to reducing drug use by young people. It suggests future directions for prevention programming and research. The Rand Corporation, Publications Department, Post Office Box 2138, Santa Monica, California 90406-2138. Order Pub. No. R3076. No phone orders. Cost: \$15.00, includes postage.

Agencies and Services

Services (Projects)

Operation SANE (Substance Abuse and Narcotics Education) is a program of the Los Angeles County Sheriff's Narcotics Prevention Unit. Specially trained deputies work closely with teachers and community resources to positively impact and strengthen children's decision-making and coping skills and their ability to handle peer pressure. In addition to periodic classroom presentations in 4th-6th grades, the deputies conduct teacher and parent workshops, provide resources such as films, celebrity speakers, and counseling referrals, help with the selection of elementary school substance abuse curricula, and help organize and guide community-based groups in the development of anti-drug campaigns to complement school curricula. For more information, contact Substance Abuse Narcotics Educations (SANE), 11515 South Colima Road, D111, Whittier, California 90604, (213) 946-SANE.

School/Law Enforcement Partnership. The State Department of Education and the Office of the Attorney General have organized cadre teams of educators, law enforcement officials, and criminal justice representatives to assist districts or schools in building an interagency approach to attendance improvement, school safety, and citizen education. Cadre teams will provide assistance, at no cost, to the requesting agency, through telephone consultations, onsite visits, and mailings in the following areas: Liabilities and Discipline; School Climate; School-Based Substance Abuse Programs; Interagency Partnerships; Positive Attendance Programs; Effective SARBs; Dropout Prevention Programs; Conflict Resolution Programs; and School Truancy Reduction. Requests for further information can be directed to the Attorney General's Crime Prevention Center, Post Office Box 944255, Sacramento, California 94244-2550, (916) 324-7863, or to the Office of School Climate, California Department of Education, 721 Capitol Mall, Sacramento, California 95814, (916) 322-6352.

Youth Services Technical Assistance Project provides consultation in understanding and addressing alcohol-related problems to various groups within individual counties in California. They have developed an educational and planning process that consists of bringing together leaders from major and diverse sections of the community (e.g., parents, school personnel, treatment/community agency staff, and youth), having them describe drinking and drug use patterns among local youth, discuss causes and contributing factors, examine and prioritize their needs and the gaps that exist in the services currently available, and organize themselves to carry out a plan to address the identified needs. Because the project is funded by the State Department of Alcohol and Drug Programs, there is no charge for the one-day workshops. Among the written materials soon to be available from the project are a series of strategy guides that outline how to implement various types of programs. For more information, contact Sheila Tabet, Ph.D., Project Director, Youth Services Technical Assistance Project, Center for Human Development, 391 Taylor Boulevard, Pleasant Hill, California 94523, (415) 687-8844.

Resource Agencies

Federal Agencies:

National Clearinghouse for Alcohol and Drug Abuse Information

6000 Executive Boulevard, Suite 402

Rockville, Maryland 20852

(301) 468-2600 (Alcohol and drug abuse information)

(800) 662-HELP (Drug abuse treatment information and referrals/toll-free)

Office for Substance Abuse Prevention

Alcohol, Drug Abuse and Mental Health Administration (ADAMHA)

Department of Health and Human Services

5600 Fishers Lane, Rockwall II Building

Rockville, Maryland 20857

(301) 443-0365

Office on Smoking Health

Technical Information Center

Park Building, Room 1-16

5600 Fishers Lane

Rockville, Maryland 20857

(301) 443-1690

Drug-Free Schools and Communities Staff

U.S. Department of Education

400 Maryland Avenue SW, Room 2135

Washington, D.C. 20202

(202) 732-4598

National Drug Control Policy

The White House

Washington, D.C. 20500

(202) 673-2520

National Health Information Clearinghouse

Post Office Box 1133

Washington, D.C. 20013-1133

1-800-336-4797; in Virginia, (703) 522-2590

National Audiovisual Center

National Archives and Records Service

8700 Edgeworth Drive

Capitol Heights, Maryland 20743-3701

(301) 763-1890 for orders; (301) 763-1891 for information

National Organizations:

National Council on Alcoholism and Drug Dependence (NCADD)

Twelve West 21st Street, 7th Floor
New York City, New York 10010
(212) 206 2770
1-800-475-HOPE

Alcoholics Anonymous

Post Office Box 459
Grand Central Station
New York City, New York 10163
(212) 686-1100

Narcotics Anonymous

World Services Office
Post Office Box 9999
Van Nuys, California 94109
(818) 780-3951

Al-Anon and Alateen Family Group Headquarters

Post Office Box 862
Midtown Station
New York City, New York 10018-0862
(800) 356-9996 (toll-free except in NY and Canada)
(212) 245-3151 (in NY and Canada)

The local number for Alcoholics Anonymous, Narcotics Anonymous and Al-Anon can usually be found in the white pages of your telephone directory.

National Federation of Parents for Drug-Free Youth

1423 North Jefferson
Springfield, Missouri 65802-1988
(417) 836-3709

Just Say No International

1777 North California Boulevard
Walnut Creek, California 94956
(800) 258-2766 (toll-free except in California)
(415) 939-6666 (in California)

Mothers Against Drunk Driving (MADD)

669 Airport Freeway, Suite 310
Hurst, Texas 76053
(817) 268-6233

National Association for Children of Alcoholics

31582 Coast Highway, Suite B
South Laguna, California 92677
(714) 499-3889

800-Cocaine

Post Office Box 100
332 Springfield Avenue
Summit, New Jersey 07901
(800) COCAINE (toll-free)

Narcotics Education

6830 Laurel Street, NW
Washington, D.C. 20012
(800) 548-8700 (toll-free)

Scott Newman Center

"Neighborhoods in Action"
6255 Sunset Boulevard, Suite 1906
Los Angeles, California 90028
(800) 783-6396 (toll-free)

American Council for Drug Education

204 Monroe Street, Suite 110
Rockville, Maryland 20850
(301) 294-0600

National School Boards Association

1680 Duke Street
Alexandria, Virginia 22314
(703) 838-NSBA

National Crime Prevention Council

1700 K Street, NW Second Floor
Washington, D.C. 20006
(202) 466-6272

**Office for Substance Abuse Prevention's Community
Prevention Assistance Services**

8201 Greensboro Drive, Suite 600
McLean, Virginia 22102
(703) 556-0212

Hazelden Educational Materials

(Information and Treatment Services)
Pleasant Valley Road
Post Office Box 176
Center City, Minnesota 55012
(800) 328-9000 (toll-free except in Minnesota)
(800) 257-0070 (toll-free in Minnesota)

Many national organizations have local chapters that provide free or low-cost drug prevention services and materials. Check your local directory for the telephone numbers and addresses of:

The American Cancer Society
The American Heart Association
The American Lung Association

California Agencies:

Generally in California, alcoholism or other drug abuse treatment or prevention referral information can be found in the white pages of your telephone book, in the front section titled, **Government Pages - Easy Reference List** under "**Alcoholism Treatment**" and "**Drug Abuse Inquiries.**"

Each California **County Alcohol and/or Drug Program Office** can also provide treatment or prevention referral information. (The program administrator's office may be listed under the County Health or Mental Health Department.) In addition, the **County Office of Education** may provide free or low cost materials or services.

Attorney General's Office

Crime Prevention Center, Suite 100
Post Office Box 944255
Sacramento, California 94244-2550
(916) 324-7863

Department of Alcohol and Drug Programs

1700 K Street
Sacramento, California 95814
(916) 445-0834

California Department of Education

Critical Health Initiatives Unit
721 Capitol Mall
Post Office Box 944272
Sacramento, California 94244-2720
(916) 322-4018

Office of Criminal Justice Planning

1130 K Street, Suite 300
Sacramento, California 95814
(916) 324-9100

California Organizations:**Californians for Drug-Free Youth, Inc.**

Post Office Box 492292
Redding, California 96049
(916) 241-0395

Mothers Against Drunk Driving (MADD)

Post Office Box 188
Lancaster, California 93534
(805) 945-6233

California Congress of Parents, Teachers, and Students, Inc.

Post Office Box 15015
Los Angeles, California 90015
(213) 620-1100

Office for Substance Abuse Prevention's Community**Prevention Assistance Services**

West Coast Office

3090 Fite Circle, Suite 201

Sacramento, California 95827

(916) 363-9952

Resource Centers:**National Parents' Resource Institute for Drug Education, Inc. (PRIDE)**

50 Hurt Plaza, Suite 210

Atlanta, Georgia 30303

(800) 67-PRIDE

Western Regional Center for Drug-Free Schools and Communities

Northwest Regional Educational Laboratory

101 S.W. Main Street, Suite 500

Portland, Oregon 97204

(800) 547-6339 (toll-free)

Western Regional Center for Drug-Free Schools and Communities

Far West Laboratory for Education and Research

730 Harrison Street

San Francisco, California 94107-1242

(415) 565-3000

Southwest Regional Laboratories

4665 Lampson Avenue

Los Alamitos, California 90720

(213) 598-7661

Department of Alcohol and Drug Programs**California Prevention Resource Center**

440 Grand Avenue, Suite 401

Oakland, California 94610

(415) 839-9151

(800) 879-2772 (toll-free in California)

California Department of Education: Healthy Kids Regional Resource Centers**Central Office**

313 West Winton Avenue, Room 173

Hayward, California 94544

(415) 670-4175

Region #1 North Coast

Healthy Kids Regional Center

c/o Sonoma County Office of Education

410 Fiscal Drive

Santa Rosa, California 95403

(707) 527-3496

Region #2 Sierra Nevada

Healthy Kids Regional Center
c/o Plumas County Schools and Unified School District
50 Church Street, P.O. Box 10330
Quincy, California 95971-6009
(916) 283-2200

Region #3 Capital

Healthy Kids Regional Center
c/o Sacramento County Office of Education
9738 Lincoln Village Way
Sacramento, California 95827
(916) 366-4418

Region #4 Bay Area

Healthy Kids Regional Center
c/o Alameda County Office of Education
313 West Winton Avenue
Hayward, California 94544
(415) 887-0152

Region #5 South Bay

Healthy Kids Regional Center
c/o Santa Cruz County Office of Education
809 Bay Avenue, Suite H
Capitola, California 95010
(408) 476-7140

Region #6 Delta Sierra

Healthy Kids Regional Center
c/o Stanislaus County Department of Education
801 County Center Three Court
Modesto, California 94355
(209) 525-6605

Region #7 Valley

Healthy Kids Regional Center
c/o Tulare County Department of Education
Education Building, County Civic Center
Visalia, California 93291
(209) 730-2692

Region #8 Costa del Sur

Healthy Kids Regional Center
c/o Office of the Ventura County
Superintendent of Schools
570 Airport Way
Camarillo, California 93010
(805) 388-4416

Los Angeles County Satellite (Region #8)

Healthy Kids Satellite Center
c/o Los Angeles County Office of Education
9300 East Imperial Highway
Downey, California 90242-2890
(213) 922 6321

Region #9 Southern

Healthy Kids Regional Center
c/o San Diego County Office of Education
6401 Linda Vista Road
San Diego, California 92111-7399
(619) 292-3543

Region #10 RIMS

Healthy Kids Regional Center
c/o Riverside County Office of Education
3939 13th Street
P.O. Box 868
Riverside, California 92502
(714) 788-6599

Appendix E

Prevention Program/Curriculum Criteria

Check-List*

1.	Is the program research based and empirically tested?	☐ yes	☐ no
2.	Is the program developmentally appropriate?	☐ yes	☐ no
3.	Does the program use proven prevention strategies?	☐ yes	☐ no
4.	Is the program student-focused and relevant to the child's experience?	☐ yes	☐ no
5.	Does it utilize a broad methodology for teaching knowledge, skills, and concepts?	☐ yes	☐ no
6.	Does it include an awareness of cultural differences in a variety of settings?	☐ yes	☐ no
7.	Is it comprehensive in design to include components that are school-based, parent-focused, peer-focused, and community-focused?	☐ yes	☐ no
8.	Does it have a clear "no use" message?	☐ yes	☐ no
9.	Does it begin early enough to develop skills and acquire the knowledge needed before they are faced with decisions, not after?	☐ yes	☐ no
10.	Does it include teacher training?	☐ yes	☐ no
11.	Is the strength sufficient to achieve stated goals?	☐ yes	☐ no

* Prepared by Andrea Schneider, Santa Clara County Bureau of Drug Abuse Services.

A more comprehensive program/curricula criteria checklist can be accessed by contacting the Western Center For Drug-Free Schools and Communities, 101 S.W. Main Street, Suite 500, Portland, Oregon 97204 (Telephone: [503] 275-9500).

Appendix F

Acknowledgments

This publication was prepared by the **Crime Prevention Center** in the **Office of the Attorney General**.

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SPECIAL ACKNOWLEDGEMENTS

CPC wishes to thank and acknowledge **Wendy L. Ritchey, Ph.D.**, for her valuable contribution as chief publication consultant and reviewer of curricula and programs for this publication.

Printing of this publication was made possible in part by the California Department of Education's Critical Health Initiative Unit.

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The Attorney General's Crime Prevention Center acknowledges the following individuals for their valuable assistance in the original development of this publication:

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